Urban Sanity: Examining Administrators’ Perceptions of School-Based Mental Health Programs in Oakland Unified School District

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Primary Advisor:
Dr. Arnetha Ball
Professor, Graduate School of Education, Stanford University

Secondary Advisor:
Dr. Jackelyn Hwang
Assistant Professor, Department of Sociology, Stanford University

By
Makaila Farrell
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Abstract

The school-to-prison pipeline, a process of criminalizing students through discipline policies in schools that put students in contact with law enforcement, plagues urban schools and communities across the nation. Every day students from marginalized communities, specifically Black and Latinx students, are over-disciplined through punitive policies in urban schools. These policies can lead students to become involved in juvenile delinquency or even eventually become incarcerated. This disturbing national trend that leads students from the schoolhouse to the jailhouse negatively impacts the incarcerated student and the student’s family. It also decreases the likelihood of a student being a successful citizen and exacerbates racial inequality in prison and society. Many students who are victims of the school-to-prison pipeline suffer from immense trauma and mental health difficulties that often go unnoticed and untreated. Scholars suggest that mental health programs may be beneficial to students living with trauma and experiencing harsh disciplinary punishments, but there is little empirical research that explores these suggested mental health programs and their impact. Understanding teachers’ and mental health professionals’ perspectives can provide important information about whether school-based mental health programs and practices are effective in improving outcomes for punished students. This research aims to examine the perspectives of administrators on current mental health programs in schools where students experience punitive disciplinary outcomes, specifically in low income, urban schools in Oakland, CA. This research incorporates data on disciplinary outcomes from the years 2011-2015 of students in the 88 schools in the Oakland Unified School District (OUSD), as well as interviews with 15 school administrators and mental health professionals in OUSD. Teachers and mental health professionals perceived school-based mental health programs as effective for some students experiencing harsh disciplinary sanctions because
the mental health programs provide coping mechanisms for students living with trauma. However, they believed that there were significant challenges in accessing school-based mental health programs, specifically for Black and Latinx students. Teachers also reported that some of their peers lacked cultural competency to support students’ mental health needs.

*Keywords: School-to-Prison Pipeline, Punitive Discipline Policies, Trauma, Mental Health, Mental Health Professionals, Oakland Unified School District.*
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Chapter 1: Mental Health and The School-To-Prison Pipeline

Introduction

In 2010, 12-year-old Alexa Gonzalez wrote “I love my friends Abby and Faith” and “Lex was here 2/1/10” on her desk in Spanish class with an erasable marker. The school deemed these markings as vandalism. That same day, Alexa was handcuffed, arrested, and detained at a New York City Police Department precinct in Queens. She was not released until several hours later (SharedJustice.org). While this was an extreme case, Alexa’s case is not rare. Students all over the country face disciplinary procedures that deliver harsh predetermined punishments, rather than focusing on restorative practices.

This disproportionate way of looking at school discipline plays a huge role in perpetuating the school-to-prison pipeline. The school-to-prison pipeline is a nationwide system of local, state, and federal education that forces students to drop out of school and enter into the criminal justice system by criminalizing students through harsh discipline policies (Lind & Nelson, 2015). This system continues to deprive Black men and women of a successful future and could be one of the systems responsible for the acceleration of mass incarceration. Often, zero-tolerance policies in schools funnel minority students into the school-to-prison pipeline. Zero-tolerance policies, strict policies that mandate consequences for disciplinary actions, result in harsher penalties for rather minor behavioral issues in the classroom. Under zero-tolerance policies school officials are required to give students harsh penalties regardless of the circumstance (SharedJustice.org).

Many public schools throughout the nation have adopted zero-tolerance policies when it comes to bullying, violence, and drug possession in schools. The presence of these policies often
result in the use of law enforcement in schools because students are essentially treated as criminals (Cole, 2018). Most of the language in the nation’s school disciplinary system also comes from what is referred to as “War on Drugs”, which is responsible for the incarceration of many of America’s prisoners, most of whom are Black men and women (Webb, 2016).

During his administration, President Nixon declared a “War on Drugs” beginning a goal of reducing the supply and demand for illegal drugs that were carried out by his successors. However, this led to controversial legislation and racial discrimination targeting people of color despite the fact that rates of drug use by whites are higher than that of blacks and other racial/ethnic minorities. The controversial legislation resulted in the adoption of zero-tolerance policies in schools, which ultimately contribute to the school-to-prison pipeline. Many people today blame the War on Drugs for the mass incarceration of these marginalized groups (Webb, 2016).

Exclusionary discipline, such as zero-tolerance policies, has been correlated with negative life outcomes. In a recent study on race and the school-to-prison pipeline, scholars analyzed the impact of school discipline on life outcomes. Researchers note that “the effect of school exclusion is mediated by negative short-term outcomes, such as dropping out of school and delinquent behavior, that funnel students toward the criminal justice system” (Pesta, 2018). Delinquent behavior in and outside of school often leads students to participate in crimes that are more serious than a misdemeanor and that may eventually land them in prison.

For many poor people in America, particularly poor Black women and men, “prison is a destination that braids through an ordinary life” (Gopnik, 2017). There are more Black men in the criminal justice system – prison, parole, or probation - than were enslaved. The accelerating
rate with which black people have been incarcerated in the United States since 1970 is startling. Once in the prison system, Black individuals will experience financial hardships, which includes difficulties finding future jobs if they are released from prison (Crutchfield & Weeks 2015), severe mental and physical health problems, and disenfranchisement. The social reverberations of mass incarceration do not stop with the prisoners themselves: when a family member is sent to prison, it damages the mental and physical health of those left at home and indeed, their entire community (Hicken & Lee, 2016).

Although there appears to be a lack of empirical evidence that directly links disciplinary policies to entrance into the criminal justice system, research suggests that the disciplinary policies found in many inner-city schools could possibly be the source funneling these individuals into America’s prisons, disproportionately affecting racial minorities (Elias, 2013). The Huffington Post reported that 80% of youth incarcerated in a state facility had been suspended from school and 50% had been expelled from school prior to incarceration (Laub, 2016). Bearing this in mind, it is important to develop interventions that provide assistance to students who experience exclusionary discipline. Current research suggests that the presence of mental health programs can support students who experience exclusionary discipline in schools (SharedJustice.org). Even though scholars recommend school-based mental health programs, little research that evaluates school-based mental health programs exists. Do mental health programs support students experiencing exclusionary discipline? Do school administrators favor the implementation of mental health programs as opposed to other interventions? Specifically, I hope to answer: **How do mental health professionals and school administrators in schools with high rates of exclusionary discipline perceive the intervention of school-based mental health programs?** I answer this question by analyzing changes in rates of suspensions and
referrals to law enforcement and conducting interviews with mental health professionals and school administrators. I find that both school administrators and mental health professionals believe the incorporation of school-based mental health professionals benefits some students with trauma. However, teachers and mental health professionals believe that school-based mental health programs are not accessible to the students that need them most, particularly Black and Latinx students who experience punitive disciplinary sanctions. Ultimately, the implementation of school-based mental health programs in OUSD fails to address the issue of punitive discipline of Black and Latinx students and the district’s goal of “foster[ing] alternatives to suspension through restorative practices” (Oakland Unified School District, n.d.).

The following chapters will discuss the ideas present in existing literature regarding mental health, discipline and at-risk youth, provide a brief background on discipline policies and the relationship between discipline and mental health programs in Oakland Unified School District (OUSD), then demonstrate the perceived benefits of school-based mental health programs and barriers to access to school-based mental health programs, and finally offer suggestions for education policy and future research.

**Literature Review**

Although African Americans’ access to educational opportunities have been severely limited from the very beginning, they arguably changed for the worse during the Reagan administration. Reagan entered the White House with the “commitment to overhaul the Federal role in American education” (Fiske, 1982). Reagan decreased government spending in education, which negatively impacted public schools in urban areas. What is worse is that Black students

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1 Oakland Unified School District’s website has a page dedicated to its Behavioral Health Services. The pages provides some of the goals of their health programs. Please visit [https://www.ousd.org/Page/545](https://www.ousd.org/Page/545) for more information.
were already suffering from government policies that forced them into segregated schools in urban ghettos (Rothstein, 2018). The funding cuts that were made during the Reagan administration fell heavily on poor minority students in urban districts (Verstegen, 1990). Over time, these funding cuts negatively impacted Black and Latinx students in urban schools.

The exclusion from equal educational opportunities has had dire consequences for poor students of color. Nearly two-thirds of minority students attend urban public school and about one-third of these students are black students enrolled in segregated schools (Darling-Hammond, 2000). Poorly funded schools continue to lack educational resources and qualified teachers that would give poor Black students access to equitable education that will help them prosper in society. But inequitable resources and inferior teachers are not the only negative legacies of impoverished urban schools.

Ronald Reagan’s administration was also responsible for the exclusionary discipline policies that are present in many schools today. The term zero-tolerance was developed during the Reagan administration when it re-launched during what America refers to as the “War on Drugs” initiative in the 1980s (Zero Tolerance - Further Readings, n.d.). Several schools, especially schools serving predominately poor students of color, welcomed the initiative hoping to eradicate the use and possession of drugs within and near elementary, middle, and high schools. While schools serving a more affluent and White student body adopted zero-tolerance policies, these schools selectively adhered to zero-tolerance policies. Shortly after the policy was established, it became law when Congress passed the Drug-Free School and Communities (Campuses) Act in 1989 (“The Drug-Free Schools and Communities Amendment,” 2018) (Shah,

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2 See the work by Mary Hall who explains the reality of the War on Drugs how its effect on poor Black people in “The ‘war on drugs’: A continuation of the war on the African American Family.”
This act banned the unlawful possession, use, and distribution of drugs and alcohol. Schools were required to establish disciplinary sanctions to students who violated the rules (Zero Tolerance - Further Readings, n.d.). Zero-tolerance policies were also established regarding the possession of weapons with the Gun-Free Schools Act in 1994. Both the Gun-Free Schools Act and the Drug-Free School and Communities Act served as a catalyst for zero tolerance policies in schools that went far beyond the use and possession of drugs and alcohol. These policies were enforced against things such as perceived violence in schools and dress codes. Eventually, zero-tolerance practices and punishments became exclusive to students of color in schools.

The exclusion of Black individuals from educational opportunities includes exclusionary discipline policies. The punitive school discipline of Black males and females has been occurring for decades and has been documented since the 1970s (Lewin, 2012). Black children in urban schools are perceived as a threat, which leads to overprotective, authoritarian rules. Black students are two to three times more likely to be suspended than White students (Gregory et al, 2011). Black students, in particular, are more likely to be suspended for offenses such as tardiness and aggressive playing with friends. Similar behaviors are overlooked in White children, but when Black students do it they are seen as a threat (Krezemien, 2006). Researchers have highlighted that schools that use “harsh disciplinary practices such as expulsion were the strongest predictor of poorer educational outcomes” such as failing classes and dropping out of school (Sanders, 2018). Students who are subjected to punitive disciplinary policies in schools are more likely to perform poorly in class (poor grades), as well as drop out of school (Fenning & Rose, 2007). Therefore, students who are overly penalized miss valuable class time that would otherwise help them become prepared to enter and to succeed in this society.
Teachers often play a role in perpetuating the school-to-prison pipeline. There is a substantial scholarly literature that highlights the relationship between teachers and Black students as a source for overly punitive policies. Teachers, specifically White teachers, perceive Black students as dangerous and troublesome. This perception causes school staff to feel as though they have to constantly discipline Black students, which causes them to suspend black students at a higher rate (Perry, 2017). As a result, black students are over-disciplined. Teachers tend to view black and Latinx students as dangerous kids and the bias often leads them to send these students of color to detention or school resource officers. The intersection of teacher biases, misinterpretations of Black students’ behaviors, and zero tolerance discipline policies contribute to the overrepresentation of Black males in school suspensions and expulsions (Aud et al., 2010). Additionally, schools in urban areas are under constant monitoring and surveillance by the police, which makes Black students more vulnerable to punitive actions that place them under police custody and into the school to prison pipeline (Nolan & Willis, 2011).

Students that drop out of school are more likely to go to jail and eventually prison. According to Bruce Western and Christopher Wildeman, authors of The Black Family and Mass Incarceration, the lifetime risks of imprisonment are deeply stratified by education. The authors state, “At the very bottom of the education distribution, among high school dropouts, prison time has become extraordinarily prevalent. For Black male dropouts born since the mid-1960s, 60 to 70 percent go to prison.” For this very poorly schooled segment of the population, “serving time in prison has become a routine life event on the pathway through adulthood” (Western & Wildeman, 2009).

Students from urban communities who have experienced trauma and mental illness make up a large portion of people living in jails and prisons. According to the Substance Abuse and
Mental Health Services Administration (SAMSA), between 50 - 70% of students in the juvenile justice system meet the standard for having a mental illness (Substance Abuse and Mental Health Services Administration.gov, n.d.). The key to supporting students who experience exclusionary discipline and are disproportionately represented in the prison system may be providing them with school-based mental health services.

Scholars have highlighted that at-risk youth, students who are likely to be unsuccessful in school, unsuccessful in life, and end up in the juvenile justice system, experience and live with severe mental health issues. Mental health disorders are often the result of ongoing traumatic experiences. Trauma has no boundaries with regard to race, gender, age, socioeconomic status or sexual orientation and it often manifests itself through behavioral and physical health conditions. The Substance Abuse and Mental Health Services Administration (SAMSA) describes trauma as "an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration.gov). Children and youth have a 25 - 43% chance to be exposed to sexual abuse, up to 85% chance of witnessing community violence and 66% chance of being victims of community violence (American Psychological Association.org, n.d.). All of these experiences can be categorized as “Adverse Childhood Experiences” (ACE’s) that often result in the manifestation of trauma. Research shows that White and Asian children are the least likely to experience ACEs while Black and Latinx children are more likely to experience ACEs. There are roughly 61% of Black children and 51% of Latinx children that experience ACEs whereas 40% of White children and 23% of Asian
children experience ACEs (Kirk, 2018). Ultimately, the trauma that students experience has a large impact on their mental health, their behavior and their academic success in schools.

Several factors impact the traumas that at-risk youth experience. For many at-risk youth, experiencing childhood adversity fosters trauma and mental health struggles throughout their lives. Researchers at Harvard discovered that experiencing adversity, which is described as severe misfortune or hardship, as a child impacts brain development and can result in mental illness (Harvard Center on the Developing Child, n.d.). Childhood physical and sexual abuse as well as emotional neglect are associated with severe childhood trauma that correlates to an increased lifetime comorbidity (Bernet & Stein, 1999).

Childhood abuse is not the only type of adversity that at-risk youth experience. Living in poverty often results in the development of trauma for at-risk youth. There are a plethora of at-risk youth who live in impoverished urban communities. Researchers from the National Child Traumatic Stress Network (NCTSN) found that families living in urban poverty encounter multiple traumas throughout the course of their lives. Repeated exposure to conditions which exist in urban poverty can lead to Posttraumatic Stress Disorder (PTSD), compromised attachment and trust within parent-child relationships, parental withdrawal, incidents of neglect, damaged relationships between siblings, and intergenerational trauma (National Child Traumatic Stress Network, n.d.).

For many Black people, intergenerational trauma results from urban poverty, but also from slavery. The intergenerational trauma that manifests from slavery is referred to as Post Traumatic Slave Syndrome. Post Traumatic Slave Syndrome describes the intergenerational trauma experienced by African Americans that has been passed down through multiple generations because of undiagnosed and untreated post-traumatic stress disorder that developed
in slaves and their descendants (Robinson, 2018). In her book, *Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing*, Joy DeGruy provides a brief synopsis of The Diagnostic Statistical Manual of Mental Health disorders. The Diagnostic Statistical Manual of Mental Health Disorders 5\textsuperscript{th} Edition, published a list of the conditions that may give rise to different mental health disorders. The conditions which give rise to PTSD include:

1) A serious threat to one’s life or physical integrity
2) A threat or harm to one’s children, spouse or close relative
3) Sudden destruction of one’s home or community
4) Seeing another person injured or killed as result of an accident or physical violence,
5) Learning about a serious threat to a relative or a close friend being kidnapped, tortured, or killed
6) Stressor is experienced with intense fear, terror, and helplessness
7) Stressor and disorder is considered to be more serious and will last longer when the stressor is of human design” (DeGruy-Leary, 2005).

The manual states that anyone of the above stressors can cause PTSD. Many African slaves experienced most, if not all, of these conditions above when they were torn from their homes and families and forced to come to America. African slaves, and eventually African Americans, were subjected to these experiences multiple times. Overtime, there was damage done to their psyche (DeGruy-Leary, 2005). Given this, it is clear that a considerable number of African slaves likely had PTSD. While people can get treated for PTSD today, there weren’t any counseling services for African slaves and their descendants who were freed after the Civil War. Since these traumas were never addressed, there has been a legacy of trauma that transcended individual and their families and impacted the larger black community overtime.
Several theorists have further explored the relationship between race, racism, and trauma. Research by Nolan and Elrod provides evidence to support the idea that racial minorities experience more trauma than those who are members of racial majority groups (Encyclopedia of Trauma, 2012). Although a person’s race is often a source of pride, experiencing racism and oppression from individuals of different racial and ethnic backgrounds also serves as a source of stress and trauma for racial minorities. For some Black and Latinx individuals, experiencing microaggressions and racial discrimination are considered exceptionally traumatic.

Bearing in mind the presence of Post Traumatic Slave Syndrome, childhood adversity, and that the state of a student’s mental health influences their behavior, it is important to develop alternative disciplinary sanctions that are created to support students rather than punish them.

Researchers and educators have attempted to provide alternatives to disciplinary policies. These alternatives include discipline policies consistent with “positive behavior and support (PBIS)” such as restorative justice programs (Fenning & Rose, 2007). Fenning and Rose also suggest that these alternative discipline policies can be implemented through educators and school administration. These policies include social skills training courses and anger management classes (Fenning & Rose, 2007). Scholars also suggested that school security and cops be removed from schools because it may decrease the amount of school arrests and referrals to law enforcement (Adams, 2013). Those who want to keep security in schools advocate for a juvenile diversion. There are two types of juvenile diversion: informal diversion, which is the “police officers decision to warn and release” and formal diversion, which involves intake workers (police, school resource officers, probation officers, judges) who decide to “keep cases away from formal court processing” (Schlesinger, 2018). Although this may keep them out of prison while they are in school, it does not address the factors and traumas that often cause them
to enter into the prison system. Mental health professionals may be able to address these trauma by working with students to assess their behavior and circumstances that push a student to behave in a certain way.

While some scholars have focused on the use of mental services, they have discussed this intervention in a very limited context. The use of mental health treatment and services has been advocated for students with “comorbid mental health and substance abuse problems” (Fisher, 2016). The proposals in Fisher’s article important, but these proposals would only be supportive for students who have substance abuse issues and are living with a mental illness. While it is true that some students who are living with a mental illness have issues with substance abuse, is not true for all students living with trauma and mental illness. If schools focus on implementing a program solely for students who have substance abuse problems, they are inevitably leaving out a large proportion of students who live with mental illness that do not suffer from substance abuse. In order to make a substantial and meaningful difference in the lives of at-risk youth living with mental illness, schools should adopt policies and create programs that address the needs of all students and not just a select few.

The American Psychological Association encourages mental health professionals to work with students and families to facilitate recoveries when traumatic events occur. Since behavior is viewed as an interaction between an individual and his or her environment, clinical psychologists and other mental health professionals could work with students and support them when perceived issues with discipline arise. Darenbourg and Perez (2010) suggest that school-based mental health programs should be implemented in schools. They argue that mental health professionals can employ their specific training and skills to support students with mental health and behavioral issues. When schools in Connecticut and Ohio implemented the School
Responder Model that used mental health clinicians to intervene with students who have behavioral problems, the schools witnessed a decrease in the number of school arrests and court referrals (SharedJustice.org). While the cases in Connecticut and Ohio seem to be effective, these cases in do not acknowledge administrators viewpoints on school-based mental health programs in schools. Administrators from those schools may believe that the school-based mental health programs are not helpful and should not be present in schools. Furthermore, the mental health professionals within the schools may have their own beliefs on what can benefit students and the overall school. Ultimately, there is still little research that discusses if and how school-based mental health programs are beneficial for students. More research is needed to develop a narrative on the general sentiments surrounding school-based mental health programs and whether school-based mental health programs are actually beneficial for students with trauma and behavioral difficulties. As a result, this research project examines school administrators’ and mental health practitioners’ viewpoints on mental health programs in schools in Oakland, CA that consist of a large population of Black and Latinx students who experience exclusionary discipline.
Chapter 2: Methodology

Methods

This paper examines school administrators’ and mental health practitioners’ perspective of school-based mental health professionals in urban schools in Oakland, CA with substantial and Latinx populations. To understand the stance that administrators have on school based mental health professionals I examine multiple sources of data. First, I compare before and after outcome data for schools that have implemented mental health programs. In order to do this analysis, I create graphs that display the rates of two disciplinary outcomes in schools that never receive mental health professionals and schools that eventually do receive mental health professionals. I also run linear regression models to control for socio-economic status. Second, to gain a deeper understanding of attitudes towards school-based mental health professionals in schools with high enrollment of Black and Latinx youth, I conducted 15 interviews with mental health professionals and schools administrators, which included teachers, principals, and student support staff (student aids). Since the goal of this research is to understand the different opinions of school administrators, qualitative interviews proved to be more enlightening and provide greater insight into the beliefs and opinions of school administrators in Oakland. The descriptive statistics in conjunction with the individual interviews provides a better sense of the behavioral climate within schools in Oakland Unified School District. Doing a mixed methods project improves the overall evaluations and conclusions drawn as the mixed methods help validate each other.

Research Setting

My analysis is based on an in-depth study of Oakland, CA. This city has substantial low-income Black and Latinx populations as well as White populations. In addition, the selected school district, Oakland Unified, has implemented school-based behavioral and mental health
programs for the students in attendance in recent years. The Oakland Unified School District publishes a list of elementary, middle, and high schools that have mental health providers starting in the year 2013. During 2013, some schools in Oakland Unified School District received mental health professionals while others, unfortunately, did not. The list representing the schools that received mental health professionals included a balanced mix of elementary, middle, and high schools. Schools that are located in the flatlands of Oakland contain a large population of lower class black and Latinx students whereas schools located in neighborhoods in “the hills” of Oakland are comprised of predominately White middle and upper-class students.

Historically, Oakland Unified School District has been one characterized by lack of educational resources, poor teachers, and high crime rates (Wingblad, 2017). There is also a large portion of students of color, specifically Black and Latinx, enrolled in schools in the Oakland Unified School District. Considering the immense amount of crime and poverty within Oakland, it is likely that students in Oakland Unified Schools District live with moderate to severe trauma and mental health issues. Given these characteristics, it is likely that racial minority and marginalized students who attend schools in the Oakland Unified School District have been subjected to punitive disciplinary policies.

**Research Design**

My research question focuses on how administrators perceive the presence school-based mental health programs in schools with a high enrollment of black and Latinx students who experience exclusionary discipline. Assembling information on trends in the relationship between mental health programs and disciplinary outcomes requires examination of multiple sources of data. I analyze data from two school years 2011-2012 and 2013-2014, and 2015-2016 on 88 schools within the Oakland Unified School. The data contains mix of elementary schools,
middle schools and high schools from Oakland. The decision to analyze elementary, middle, and high schools together and not separately was largely because a suspension and referral to law enforcement mean the same thing at each grade level regardless of the actions that led to the specific disciplinary sanction. Since this research focuses on collective perspectives on school-based mental health programs as opposed to administrators perspectives at each individual grade level, it seemed out of scope to focus on the different grade levels. However, future researchers are encouraged to analyze the suspension, referrals to law enforcement and any other necessary disciplinary outcomes at the individual grade level.

The quantitative data analyzed comes from the Civil Rights Data Collection (CRDC) and the Common Core of Data (CCD). The Civil Rights Data Collection reports statistics on key educational and civil rights issues in the nation’s public schools. The CRDC also publishes data on enrollment demographics, math and science courses, teacher experiences and school discipline, which is pertinent to this research. In particular, I use CRDC special reports, the biannual disciplinary reports. These reports include information on school demographics, rates of in- and out-of-school suspension by race, rates of expulsion by race, rates of school related arrests, rates of corporal punishments by race and the percentage of law enforcement referrals by race. For the purposes of this research, my outcome variables are suspension and referrals to law enforcement.

I downloaded three datasets from the CRDC website. There was one dataset for each school year (2011-12, 2013-14, and 2015-16). Before combining datasets, I manually coded for the presence of a mental health professional in each school for each year of data. I created a variable ‘MHP’ where the number zero was coded if a school did not receive a mental health professional and the number one was coded if a school did receive a mental health professional.
I used Stata to analyze discipline rates before and after adoption of the mental health programs using two comparisons: 1) within the same schools over time and 2) for students of color vs. White students over time. The outcome variables measured are suspension and referrals to law enforcement. The quantitative analysis is a set of descriptive statistics represented through various pie charts and bar graphs. The data collection, data cleaning, coding, and editing of the presented graphs occurred over a 15-week period. Assessing these trends allowed me to see the relationship between school-based mental health professionals and school disciplinary outcomes.

In addition to the quantitative component of the researcher, there was also a qualitative component. I conducted a total of 15 interviews with school administration and mental health professionals. Every interview participant was either a teacher in a school in Oakland or a mental health professional in Oakland working with students on Oakland’s schools. Although a diverse group of participants were contacted, most of the interviewees were Latinx and White women. Only three Black women volunteered to participate in the interview. Three of the four mental health professionals interviewed were White women and one was a Latinx woman. Two men were interviewed. One of two men identifies as Latinx and the second man identifies as White. The teachers interviewed worked at five schools: East Oakland Pride Elementary School, Oakland Technical High School, Skyline High School, West Lake Middle School, and West Oakland Middle School.

Several steps were taken to find interview participants. First, I obtained IRB approval in April of 2018 to interview school administrators and mental health professionals. Next, I focused on recruiting interview participants. Recruiting interview participants was a mix of direct outreach and snowball sampling. First, I consulted the Oakland Unified School District website, which contained a list of the specific schools in Oakland with a mental health professional or
mental health program. This list contained the name of each school that received a mental health provider and the name of the mental health provider. The next step included searching each school’s website for a staff directory and emailing each staff member listed to request an interview. For school administrators that responded and volunteered to be interviewed, there was a time slot set up to conduct the interview. At the end of each interview, I asked the interviewee if there was another school administrator that they thought would be good to interview. A similar process occurred when I began recruiting mental health professionals to interview. I used the list of mental health providers published on Oakland Unified School District’s website and called the office of each provider to recruit participants. The mental providers were not simply school counselors, but clinical psychologists provided to schools through Medi-Cal and nonprofit organizations in Alameda County. At the end of each interview, I asked the mental health professional to provide the name and contact information of another mental health professional that would be good to interview.

The interviews occurred between August of 2018 and March of 2019. I scheduled all interviews via email and provided a copy of the consent form to each participant. Each interview was conducted over the phone. After receiving their permission, interview participants were audio recorded on an iPhone and a MacBook. Each interview lasted between 20-30 minutes. The next step consisted of interview transcription. The interviews were transcribed in two ways. The first half of interviews that were conducted were manually transcribed. The second half of interviews were transcribed via Trint transcription services. The interviews that were transcribed using Trint were reviewed against the audio recordings to ensure the absence of any discrepancies. Once transcribed, each interview was coded three times. Some of the interview
codes include aggression, trauma, health, resources, money, duration, personal beliefs, school environments, parents, resilience, and impact.

**Validity**

Prior to solidifying the current research question, the original research design focused heavily on difference-in-difference analysis. The idea was to analyze the statistical significance of the relationship between the presence of mental health professionals and changes in disciplinary rates. As the research question changed, however, the research design also changed. The researched weighed heavily on qualitative interviews because they proved to provide more insight and provided more informative data that helped me understand how school administrators viewed school-based mental health programs.

One potential threat to validity that seems present in this current research is bias. Although a diverse group of interviews were contacted, most of the interviewees were women. The voices and opinions of men were not adequately included in the sample, and their opinions may have been different from the women interviewed. Another level of bias is the types of schools that the administrators worked in. The interviewees worked in schools were mental health professionals and mental health programs were present for students. The responses and perspective of administrators in schools without mental health professionals may have been different than those in schools with mental health professionals, which could have affected the results of the research.

Small sample size of school-based mental health professionals poses another potential threat to validity. There were four mental health professionals interviewed and eleven teachers interviewed. If time permitted the recruitment and participation of more mental health professionals, there would be stronger evidence on the ways mental health professionals perceive
students benefiting or not benefiting from the individual mental health sessions. Since there were less mental health professionals interviewed, the opinions of teachers are the dominant narrative.

**Reflexivity Statement**

As a student attending an elite institution, it is critical for that I address my positionality in this research because it influenced the way I interacted with my respondents, as well as the way they interacted with and perceived me. During the research process, I was very cognizant of my identity. I grew up as a cisgender, Black-Latina in Brooklyn, New York where I attended predominately black public schools and charter schools. My identities and upbringing naturally affected how I viewed the world, specifically the education system. As the daughter of two high-school “drop-outs,” one of whom lives with severe schizophrenia, I’ve developed a bias around the United States education system. Although I never experienced exclusionary discipline, several members of my family have, which caused me to develop feelings of distrust and disappointment with America’s public schooling, specifically within urban environments. Nonetheless, I am a college educated, Black woman. I believe that my position as a student at Stanford University made my respondents more likely to be candid during our interviews and trust that my research would be helpful to other students of color.
Chapter 3: A Brief History of Oakland and OUSD

Background on Oakland and Oakland Unified School District

Migration and Segregation Patterns in Oakland

As the home of the notorious Black Panther Movement and the current Occupy Oakland Movement, the city of Oakland, California is one where residents do not shy away from challenging racial and socio-economic class inequities. In fact, for most of the city’s history the city was separated quite starkly by race and class. The racial and class segregation in Oakland became prominent during and after World War II. While the Black population in Oakland grew from 3% to 12% after the war, the percentage of other racial groups, specifically White individuals, grew as well (The Changing Face of Oakland, Oakland Planning History, n.d.). With the growth of the White population, the Federal Housing Association permitted the development of all White suburban developments and used

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3 Retrieved from rom www.framersworkshop.com
racial covenants such as redlining to control racial composition. This resulted in more than 80% of Oakland’s Black population living in West Oakland during the 1950s despite the massive growth of the population (The Changing Face of Oakland, Oakland Planning History, n.d.). With the racial covenants, poorer individuals and people of color were forced to reside in in Oakland’s “flatlands” while the wealthier and White residents lived in the “hills” (Ahrens, 2014).

After the war, there were several technological changes and shifts in the economy. Industrial output slowed significantly and created fewer jobs for people. As a result, many individuals left Oakland. Between 1950 and 1970, over 23,000 residents left Oakland and Alameda county (The Changing Face of Oakland, Oakland Planning History, n.d.).

In an effort to fix the state of the city at the time and improve its future, developers, bankers, and real estate agents were among the few groups of people who formed the Oakland’s Citizen’s Committee for Urban Renewal (OCCUR) in 1954. After OCCUR was formed, the group advocated for the redevelopment of the Oakland Redevelopment Agency (ORA). Through the use of eminent domain, the ORA had the power to decide the specific areas in the city that were redeveloped. The Acorn project was the ORA’s first project, which demolished 50 blocks in West Oakland, including the historic Black community within West Oakland. Another project that occurred in West Oakland was the construction of the cypress freeway portion of I-880. This project pushed many families out of the north south-strip of Oakland and segregated the westernmost section from the rest of the city (The Changing Face of Oakland, Oakland Planning History, n.d.).

Today, Oakland is still segregated, and that segregation is reflected and recreated within the schools of Oakland Unified School District. Schools that are located in the hills in Oakland
have a smaller population of Black students while schools in the flatlands have a larger population of Black students. For example, Hillcrest Elementary School, which is located in the hills, has a 9% Black and Latinx population, but East Oakland Pride Elementary School is located in the flatlands of Oakland and has a 94% Black and Latinx student population (GreatSchoolVoices.org). White families in Oakland have avoided public schools for the most part, but those who do send their kids to public schools send them to public schools that have less than 50% Black and Latinx students, but Black and Latinx students attend schools that have over a 90% Black or Latinx population (Martinez, 2018). White teachers also make up most of the teaching force. In Oakland Unified School District, 52% of the teachers are White, 20% are Black and 10% are Latinx (Martinez, 2018). The presence of mostly White teachers in the school district is ironic because Black and Latinx students make up over 60% of the student population in OUSD (Civil Rights Data Collection, n.d.).

Despite the highly segregated school system, there hasn’t been a huge effort to desegregate Oakland’s schools. Should Oakland Unified School District desegregate its schools? Should Black and Latinx students be allowed to attend majority White schools? Many advocates and educators have argued that the vision for segregation is not simply about integrating policies that let students of color attend majority White schools. The polices that allow Black and Latinx students to attend these majority White schools is what often leads to the inequities that marginalized students of color face when integrating. One of these inequities is the excessive discipline of Black and Latinx students. According to Janelle Scott, a professor in the Graduate School of Education at University of California Berkeley, the over disciplining of students of color affects children who are as young as 3 years old (Martinez, 2018). While restorative justice
programs have been put in place to help combat the discipline inequities, it is not the ultimate solution.

Mental health programs have the potential to provide quality support to both students and teachers. They are different from restorative justice programs because mental health programs will allow clinical psychologists to work directly with student to cope with their trauma while restorative justice focuses on mediation circles (Garner & Hafemeister, 2003). Supporting students in coping with their trauma could serve as a benefit to students who experience harsh discipline policies in schools because trauma manifests through behavioral issues. Interviews with teachers and mental health professionals highlighted the presence of trauma impacts youth’s daily interactions and experiences in academic environments. The majority of students suffered from one what several teachers and one mental health professional, Cathy, called “intergenerational complex trauma.” Teachers note that trauma is often manifested through behavioral issues such as poor or disruptive behavior. Jodie and Julia⁴, two White mental health professionals working in Alameda County, confirm teachers’ reports that trauma manifest through behavioral issues. In describing their observations when working with students, Jodie states:

So I think again it varies. I think whether elementary or high school at the elementary level we get a lot of behavioral referrals that are that they just have a really hard time regulating and focusing in the classroom. We see that a lot with the folks that have underlying trauma that make it hard for them to sort of get other things at the elementary.

Jodie’s comment about the difficulties students have managing their underlying traumas in the classroom supports the reports of the eleven teachers that reported student’s trauma manifesting

⁴ Respondents were notified that they would remain anonymous, so each respondent was given an alias.
through behavioral issues. Julia, who works closely Jodie, provides further details on specific types of trauma disorders (types of mental illnesses) that the students she works with have:

Yeah. They do get depressed. You know that or they're feeling bad anxiety. I agree it’s usually a behavioral referral around their inability to function in the classroom or in a social setting like recess.

The account from Jodie and Julia confirms that unnoticed and untreated mental health issues are often disguised as behavioral problems. Jodie and Julia suggest that most of the students on their caseload that have “behavioral problems” are actually students who are living with anxiety, depression and other mental health illnesses, which is consistent with literature on at-risk youth and mental health, and with Darensbourg’s argument advocating for the implementation of mental health programs in schools (2010). Jodie and Julia’s account further emphasizes the importance of mental health programs in schools where students experience high rates of disciplinary consequences.

The theme of trauma and its manifestation through disruptive behavior likely played an important role in Oakland Unified School District’s decision the implement school-based mental health services. Perhaps administrators within Oakland Unified School District believed the adoption of school based mental health programs would decrease the amount of disciplinary sanctions within schools. The following section explores the changes in disciplinary rates, specifically suspensions and referrals to law enforcement, in schools before and after the adoption of school-based mental health programs. The schools include both schools that never implement a school-based mental health program and schools that implement a mental health program.
Background on Disciplinary Outcomes in OUSD

The concerns of educators like Scott are valid and evident within Oakland Unified School District. The remainder of this chapter presents a set of descriptive statistics displaying the similarities and differences in the rates of two key disciplinary outcomes, suspension and referrals to law enforcement, between schools that receive mental health professionals and schools without mental health professionals in Oakland. The rates of suspension and referrals to law enforcement are specific to three racial and ethnic groups: Black, Latinx, and White. While the figures presented serve to highlight the relationship between mental health programs and disciplinary outcomes, they also emphasize the overrepresentation of disadvantaged minorities, specifically Black students, in school disciplinary referrals. The following graphs will explore the racial composition of suspensions and referrals to law enforcement and highlight the overrepresentation of Black students in punitive disciplinary sanctions.
Suspensions

Figure 1 Rates of Suspension by race

The graph in figure 1 outlines how trends in suspension change over time in schools with a mental health program compared to schools without a mental health program for students enrolled in the Oakland Unified Schools District. During the 2011-2012 school year, schools that never receive mental health program suspended 0.205% Black students on average. Schools that
did not have a mental health professional but eventually receive one suspended on average 0.208% Black students. On average, 0.156% of Latinx students were suspended in schools without mental health professionals and 0.104% Latinx students were suspended in schools that eventually received mental health professionals in 2013. White students were suspended the least with 0.051% of White students suspended in schools that never receive a mental health program and 0.094% of White students suspended in schools that eventually received a mental health program.

With the exception of Latinx students in schools without mental health programs, suspension rates increase in 2013 across all ethnic and racial groups. On average, 0.372% of Black students were suspended in schools that did not receive a mental health program whereas 0.502% Black students were suspended in schools that received a mental health program. Although the Latinx percentage rate decreased to 0.092% in schools without mental health program, the percentage of Latinx students suspended in schools that received a mental health program in 2013 was 0.203%. Similar to the suspension trends for Black students, the percentage of White students suspended increased in both schools that did and did not receive mental health programs. In schools without mental health programs, the percentage of White students suspended increased to 0.078% and in schools with a mental program, the percentage of White students also increased to 0.265%.

However, there is a decrease in the percentage of White students that are suspended in 2015. In schools without a mental health program, there aren’t any White students suspended and in schools with mental health program 0.14% of White students are suspended. While it is expected that suspension rates for Black and Latinx students decrease to, they actually increase. The suspension rate of Latinx students rises to 0.266% in schools without mental health program
and to 0.419% in schools with mental health program. While the suspension rate of Black students in schools without mental health professionals remained relatively the same in 2015, the suspension rate of Black students increased to 0.88% in schools with mental health programs.

One unexpected trend presented in the analysis of suspensions is schools that do not implement a mental health program suspend less students than schools that actually receive support from a mental health professionals. The graphs show schools that received mental health professionals/programs initially suspended students at a higher rate than schools that never implement a mental health program and witnessed a higher rate of disciplinary actions overall. A school’s suspension rate may have initially determined if the school received a school-based mental health program. The presence of high suspension rates may explain why schools with mental health programs suspend more students in each year. Since the rates of suspension in these schools are highest in the beginning, the suspension rates in these schools will likely remain higher than schools where suspension rates were lower.

Aside from the decrease in suspensions of Latinx students in schools that never received a mental health program and decrease in suspensions of White students in both schools with and without mental health programs, suspension rates increased between the 2011-2012 and 2015-2016 school years in both schools with and without a mental health program. The increase in the percentage of students that received a suspension in 2013-2014 and 2015-2016 in schools with mental health professionals is likely a result of the time it takes to get a student the specific mental health services they need. Teachers and mental health professionals described the prolonged process of getting a student mental health services in schools and how quickly a student can get suspended or expelled. Even if students finally get mental health services, it takes quite some time to establish rapport with a student. It takes a few months to several years to
assess a student’s needs and help them improve their behaviors. Once the mental health professional discovers what helps the student, the student’s discipline outcomes may decrease. However, more years of data would need to be analyzed to support this hypothesis.

Another unanticipated trend was the suspension rate of White students in Oakland Unified School District. Although the suspension rate eventually decreased, White students were suspended at a much higher rate in schools with a mental health professionals than those schools without mental health professionals during the 2013-2014 school year. Nevertheless, Black students are suspended more than any other racial group. Perhaps we should not be surprised by the generally higher suspension of Black students in Oakland’s schools, since Black students have been criminalized in schools in the United States since the early 1970s (Lewin, 2012).

Given the analysis of the rates of suspension across race and ethnic backgrounds, it is clear that there has been an increase in suspension rates for all racial and ethnic groups studied. However, this trend predominately impacts Black students. The data shows that Back students constitute the largest percentage of students suspended in schools in Oakland. This suggests that criminalization of Latinx and White students is not as severe as that of Black students. Given this trend, it is clear that racism is alive and well in public schools in Oakland and there should be increased efforts to ensure that students are treated fairly in schools.

After reviewing the trends of suspension, it is clear that there are racial disparities in suspension rates within Oakland Unified School District. Are there racial disparities present in other forms of discipline practices in schools? How do the trends for suspension compare to the trends in disciplinary outcomes of law enforcement referrals? The following section explores the
similarities and differences between rates of law enforcement referrals and rates of suspensions for Black, Latinx, and White students.

**Referrals To Law Enforcement**

Figure 2 displays the trends overtime for the average percentage of students in Oakland who were referred to law enforcement between the 2011-2012, 2013-2014, and 2015-2016.
school years. In 2011-2012, there were not any Black students that were referred to law enforcement in schools that never receive a mental health professional. However, schools that eventually do incorporate a mental health program referred 0.0002% of Black students to law enforcement. During that same year, schools that never implement a mental health program referred on average 0.0018% of Latinx students to law enforcement and schools that eventually received a mental health program referred an average of 0.0011% of Latinx students to law enforcement. During the 2011-2012 school year, there weren’t any White students referred to law enforcement in schools within Oakland Unified Schools District.

During the 2013-2014 school year, the average percentage of Black students referred to law enforcement in schools without a mental health program remained zero. However, in schools with a mental health program, the percentage of Black students referred to law enforcement increased to 0.0027%. During the same year, the percentage of Latinx students referred to law enforcement actually decreased to 0% in schools without a mental health program but increased to 0.0015% in schools that implemented a mental health program. The percentage of White students referred to law enforcement increased from 0% to 0.0125% in schools without a mental health program in 2013. However, the percentage of White students referred to law enforcement remained zero in schools that received mental health programs.

In 2015, there weren’t any White students referred to law enforcement in schools with and without mental health programs. Not surprisingly, the percentage of Black students referred to law enforcement increased to 0.04% in schools with no mental health program and to 0.073% in schools with a mental health professional. The percentage of Latinx students that were referred to law enforcement increased to 0.001% in schools without mental health programs and to 0.005% in schools with a mental health programs.
The data displayed above suggests that Black students experience referrals to law enforcement more than any other racial and ethnic group between 2011 and 2015. This is very similar to the trends of suspension rates, which showed Black students as the racial group that is disciplined the most through suspensions. Initially, schools that never received mental health programs did not refer any Black students to law enforcement, but the percentage of Black and Latinx students referred to law enforcement increased in schools with mental health programs. Because the percentage of White students referred to law enforcement remains zero in schools with mental health programs, it suggests that mental health programs and professionals may have helped improve disciplinary outcomes for White students. Overall, the presence of school-based mental health programs seems to be effective in reducing the percentage of White students who are suspended and referred to law enforcement. The adoption of school-based mental health programs increased suspension rates for Black and Latinx students.
Figure 3 Enrollment rates by race within Oakland Unified School District (2011-2012)

5 From The Civil Rights Data Collection. Additional data on enrollment demographics are available on the website (https://orcedata.ed.gov).
Figure 4 Enrollment rates by race within Oakland Unified School District (2013-14)

Source: Civil Rights Data Collection. Additional data on enrollment demographics are available on the website (https://orcdata.ed.gov).
The three figures displayed above highlight the racial composition of schools in the Oakland Unified School District. In each graph, the percentage of Black students enrolled decreased over the three school years (2011-2012, 2013-2014, and 2015-2016). In the 2011-2012 school year, 31.5% of Black students were enrolled. This percentage decreased to 29.6% during

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7 Source: Civil Rights Data Collection. Additional data on enrollment demographics are available on the website (https://ocrdata.ed.gov).
the 2013-2014 school year and decreased again to 27.4% in 2015-2016. The percentage of Latinx students enrolled increased from 38.1% to 41.1% between the 2011-2012 and 2015-2016 school year. The percentage of White students enrolled in Oakland Unified School District increased from 9.7% to 10.7 % from 2011-2015. Despite the fact that Latinx students make up the majority of students enrolled in schools in Oakland Unified School District and the decrease in the enrollment rate of Black students, Black students continue to make up a greater proportion of students who experience suspensions and referrals to law enforcement.

One possible explanation of this trend is mental health professionals in schools work primarily with Latinx students and White students rather than with Black students. All of the mental health professionals interviewed stated that they worked primarily with Latinx and White students. Working with predominately Latinx students is likely due to the large enrollment rate of Latinx youth in the school district. While these clinical health professional may work with Black students, mental health professionals placed in schools in Oakland may be unequipped to deal with the specific challenges that Black students experience. Teachers also reported that Black parents were hesitant to give the school permission to place their child in the school’s mental health program, which might mean that less Black students have the opportunity to work with mental health professionals. Additionally, Black students may be uncomfortable working with mental health professionals because most of the mental health professionals in OUSD are White. Being uncomfortable would make the counseling sessions less effective and impactful. Meyer and Zane, who researched the ways cultural inclusion affects mental health treatment, explained that culturally relevant aspects of mental health services are salient to ethnic minorities and often impacts how ethnic minorities respond to mental health services (Meyer & Zane, 2014). If this is the case, schools should hire mental health professionals that are representative
of the racial, ethnic, and linguistic backgrounds of all of the students enrolled in the school and not just a select few. More importantly, hired mental health professionals should be trained to deal with diverse student populations.

The increase in suspension rates of Black and Latinx students in schools with mental health programs is the opposite of what is expected. It is expected that school-based mental health programs would decrease the presence of students of color who receive disciplinary consequences, especially since researcher implied that mental health professionals have the necessary skills and training to support students of color experiencing punitive discipline (Darensbourg & Perez, 2010). However, the increase in suspension rates and referrals to law enforcement is not standard for every school included in the analyses. Some elementary, middle, and high schools with mental health programs saw a decrease in rates of suspension and referrals to law enforcement while others saw an increase. While it is difficult to distinguish the schools that saw a decrease in disciplinary infarctions with mental health programs versus the schools that saw an increase of disciplinary sanctions with mental health professionals, it might be the location of the school of that is a determinant. As noted earlier in the chapter, schools in Oakland’s hills are wealthier and likely have more resources to help students. Schools in the flatlands struggle with money and likely have a tough time paying for their mental health program and keeping mental health professionals at the school.

The findings above spark a variety of questions regarding mental health professionals in schools. Why do rates of suspension and referrals to law enforcement increase in schools with school-based mental health programs? Why are mental health programs seemingly effective in reducing referrals to law enforcement but not suspensions? Why do mental health professionals appear to help White students but not Black and Latinx students? Should school-based mental
health programs exist if they are not beneficial for all students? How do school administrators understand and perceive school-based mental health programs? The following chapters discuss administrators’ opinions on the ways in which mental health programs are beneficial and potentially detrimental to students experiencing exclusionary discipline in schools in Oakland.
Chapter 4: Perceived Benefits of School-Based Mental Health Programs

Discussions with mental health professionals, teachers, and other school administrators, reveal several aspects of school based mental health programs that school staff see as beneficial to students with trauma that experience exclusionary discipline. The tactics that mental health professionals use help these students develop stronger relationships and advocate for themselves. According to school administrators and mental health professionals, the positive aspects of mental health programs include practical coping mechanisms, relationship development, and communication improvement. For students who come from lower socioeconomic statuses and who otherwise wouldn’t be able to afford to see a mental health professionals in a clinical setting, teachers’ and mental health professionals’ perceived benefits of school-based mental health programs are promising.

Practical Tactics and Coping Mechanisms

Mental health professionals demonstrate that mental health programs in schools teach students practical coping mechanism to support them with their trauma. In counseling sessions, mental health professionals attempt to create safe spaces where their students feel cared for and appreciated. Creating a safe space includes allowing students to be themselves without forcing their own ideas and beliefs on the students they work with. Maria, a Latinx mental health professional working with students at Westlake Middle School, uses a variety of tactics when working with students. In Maria’s therapy sessions, she is intentional to ensure students’ comfort. Maria described some of the tactics she uses when working with the students on her caseload:

We have people write in their language and we try to address clients where they are at as opposed to where we are at. So, we try to teach them grounding techniques in support of that. It is sort of impulse control management because it’s hard for both kids and parents.
By allowing students to speak and write in their language, Maria’s clients feel comfortable working with her. According to Maria, being comfortable is beneficial because it helps students comprehend the impulse control techniques she teaches them to cope with their trauma and emotions while they are in their classes. These use of impulse management techniques help Maria’s students with managing their trauma and classroom behavior, which teachers and mental health professionals believe is beneficial for students living with trauma and mental illness.

For younger students who are in elementary school, mental health programs incorporate more elements of playfulness. Mental health professionals such as Jodie and Julia work with students living with trauma and mental illness who are in elementary school. When working with students of this age, Jodie and Julia use play therapy, a method used to address the mental health needs of children. According to Jodie and Julia, the use of play therapy helps elementary school students “sort of express themselves through the play. Sometimes it's also through art or other things.” Not all students are old enough comprehend what impulse control management is, so other techniques are needed to support students with regulating their emotions. Administrators believe the playful tactics and techniques are beneficial to students at this age because it helps them to better understand their feelings and better communicate with one another. Administrators’ opinions are well aligned with the beliefs of clinical professionals at the association of play therapy is effective when working with people of all ages, but especially children who have behavioral problems or behavioral disorders (Association for Play Therapy, n.d.).

Another mechanism that mental health professionals thought was successful was the use of creative expression. When asked about what impact she noticed when working with students, Maria described a program that she curated and implemented in one of the schools she worked at
that allowed students to do something that was culturally relevant to them. It was a Polynesian assembly. In the assembly, Polynesian students were given the opportunity to express their grief, happiness, and excitement through art and dance. The assembly soon became an event for more than just the Polynesian students. It was no longer something for Polynesian students, but something that Latinx and African American students participated in as well. Maria noted that students were able to embrace their culture:

So, they also started doing their own, you know, cultural assemblies and just honoring their own selves. So, I think that that was the success that I brought to that campus because it was fun, but we never said oh we're going to talk about trauma or we're not going to talk about this [mental health]. We found a creative way to be able to show it. And they were able to [discuss their trauma] without them saying this is what I'm going through.

Having the opportunity to express their identity through art and creativity allowed Maria’s students to release their trauma while having a fun and enjoyable experience. Maria’s outcomes with her students coincides with research that highlights art and creative expression having a positive impact on mental health (Stuckey & Nobel, 2010).
Relationship Development

Both teachers and mental health professionals indicated that students benefit from the relationships they develop through participating in the mental health programs. Several teachers note that their students need strong relationships because there is often the absence of strong relationships in their personal life. Caroline, a former teacher who now serves as an assistant principal at Skyline High School, believes that “relationships are what make or break the ability for the programs to be successful themselves.” Caroline believes that relationships are important because students “feel comfortable enough to come talk to a trusted event especially with their trauma and other issues.” Maria shared similar opinions to those of Caroline. Maria explained that “once they [students] understand that you are here to support them they’re able to open up a little bit more, but that takes time and relationship building.” All of the mental health professionals interviewed reported having pretty good relationships with students, which they believe aids the process of providing students services to support their trauma and behavior.

When asked the question “have you taught any students that have participated in the school based mental health program and if so have you noticed any changes in their behavior and/or academic performance?” teachers explained that the students who they witnessed a change in have a strong relationship with the mental health professionals. Tom, a White teacher who works with students who’ve recently immigrated into the United States, observed that “students who’ve developed good relationships with their counselors have succeeded with the most improvements.” Certainly, the mentorship and nurturing aspect that comes with the development of relationships aids with the success students have in dealing with their traumatic experiences. This suggests that relationship development is a critical component of an impactful
school-based mental health programs as teachers and mental health professionals see it as a significant component of success.

**Communication**

Another major benefit that teachers perceive as a result of school-based mental health programs is students’ improved communication skills. Teachers and mental health professionals communicate with their students, and the constant positive communication results in improved communication from students with trauma. They reported that they made multiple attempts to build a rapport with students, but it was extremely difficult. Mental health professionals described asking several questions during their therapy sessions with students. Some questions that they ask are “What’s going [on] for you?,” “How are you?,” “Has anything happened?” and “Can I help?” Through this constant pleasant and thoughtful communication, teachers and mental health professionals noticed that the students who received mental health support services within their schools have learned effective communication strategies, which improved students’ communication with teachers, mental health professionals and their overall classroom experiences. When asked the question “what impact have you noticed working with students at this school?” Julia acknowledged teachers’ comments regarding a student’s improved communication abilities:

> We just got some of our surveys [from teachers] back, and I've got lots of comments about how they're better able to be in the classroom and [better able to] communicate and sort of attempt to work figure out how to solve their problems. Their mood [also] is lifted and happier and [the student is] more engaged.

Teachers reported that several students did not communicate with their teachers at all prior to participating in the school’s mental health program. After several months working with their
mental health clinicians, students were not only able to improve their communication with teachers, but they learned how to work through their problems and regulate their emotions demonstrating the beneficial effects of the mental health program.

There seems to be a disjuncture between the perceptions of school administrators and mental health professionals and the descriptive statistics on suspensions and referrals to law enforcement presented in the previous chapter. Mental health professionals and school teachers provided examples of the ways that they though individual students were benefiting from the program. However, the descriptive data discussed in the previous chapter indicates that the program is ineffective in addressing the punitive disciplinary punishments, specifically suspensions and referrals to law enforcement, for students of color, including Black students and to a lesser extent Latinx students.
Chapter 5: Barriers to Accessing School-Based Mental Health Programs

While teachers and mental health professionals suggest that school-based mental health programs support students who are living with trauma and mental illness, teachers and mental health professionals highlight critical problems with the way school-based mental health programs in Oakland Unified School District are implemented. Teachers and mental health professionals implied that the existing barriers make it difficult for students who need the school-based mental health services to get access to them. Several logistical and fiscal factors of the implementation of school-based mental health programs that make access to school-based mental health programs difficult. The problem of access is not only a result of logistical and fiscal issues; there are additional cultural barriers that prevent students from accessing the mental health programs in schools.

Logistical and Fiscal Barriers

Poor Communication Between Mental Health Professionals and Teachers

While teachers and mental health professionals reported improved communication as one of the positive effects of participation in school-based mental health programs, teachers also noted that poor communication between teachers and school administration creates a barrier to accessing mental health programs. In Oakland Unified School District, there is a group named the Coordination of Services Team (COST). The Coordination of Services Team was implemented in school s in Alameda County in 2005 and COST that brings together the different intervention and support service providers at a school site. The purpose of the COST team is to address students’ needs holistically (Center for Healthy Schools and Communities, n.d.).
Teachers explained that COST receives, reviews, and responds to the student referrals made by teachers and often determines which students receive help from the mental health programs. Unfortunately, multiple teachers said that there was poor communication between them and the coordination of services team. Lisa, a Latinx woman who teaches a 9th grade Ethnic Studies class, described an experience where there was poor communication between herself and the coordination of services team, which resulted in the expulsion of her student:

I had a student at the beginning of the year who was so incredibly brilliant who was like the first girl to raise her hand. Super energetic. She cared so much about class. But she

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8 From Oakland Technical High School’s school website. Additional information about the services that Oakland Tech offers can be found on their website (https://oaklandtech.com/staff/).
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was aggressive. And she was aggressive because she grew up in a household of nine kids, and she had to be aggressive to get what she wanted. And you know [she] had her own sense of trauma that she shared with me. And so when she got in a fight at school and it got really bad and really big they D.H.Ped [Disciplinary Hearing Panel] her. They expelled her immediately. And I'm like look I've been telling y'all that this girl needs help for all this time. So before you DHP her you should have to be required legally to give her that help…

Lisa seemed extremely frustrated with the lack of communication from COST. She explained that she repeatedly told the representatives from COST that her student was having a difficult time and displaying aggressive behaviors. COST’s failure to further their communication with Lisa and intervene by providing the student with mental health services resulted in the student’s expulsion. Lisa’s narrative suggests that while schools have some resources to support the student in need, simply through the existence of a school-based mental health program, poor communication results in unnecessary disciplinary consequences that can be prevented with proper communication between school administrators.

Teachers also expressed dissatisfaction with communication between themselves and the mental health professionals working with their students. Teachers in schools in Oakland Unified School District complained about “poor follow through”, “lack of accountability” and problems with “full on wrap around services,” which they described as a lack of communication outside of students’ sessions with school-based mental health professionals. Teachers explained that often times they do not know about what triggers students or how to work well with their students and

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9 The Disciplinary Hearing Panel was developed by the Board of Education. It is a process in which student expulsion cases are heard by an impartial panel. Any student that us referred by a principal to the Disciplinary Hearing Panel must participate in the hearing to determine whether he or she will be expelled for certain violations.
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argued that it is a result of poor communication. When asked to describe the changes in behavior of students who’ve participated in the school’s mental health programs, Jessica, a Black woman who has taught math at Westlake Middle School for four years, discussed the impacts of poor communication with the mental health professionals:

So if a kid goes and misses math and they go to their counselor and tell their counselor all this stuff their counselor can’t necessarily come tell us what the problem is. But, the counselor can tell us what methods to try with that student. But that circle around that I’m talking about doesn’t really happen as often as we need to. So, I am still dealing with the kid the same way because no one has told me what that child gets ticked off by, triggered by or what is going on with the child, but the child itself has been given skills and all that. So that is why it takes slower for the change to happened because all of it is put on the child.

According to Jessica, the mental health professionals do not communicate with the teachers enough. Because of a lack of communication between the two parties, teachers do not know how to best help their students even with the coping mechanisms that students are taught. As Jessica points out, there is slower change in behavior of the student, which implies that the intervention of mental health services works slowly as well. She also noted that she does not know what her students get triggered by, suggesting that teachers could say or do something that would trigger their student to relive their trauma within the classroom. The data conveys the ways in which poor communication results in barriers to full access of mental health services in schools by highlighting the delay in students’ improvements that serves as a consequence when mental health professionals do not communicate with teachers. Mental health professionals and teachers should collaborate to design and implement a system where mental health professionals can
update teachers on coping mechanism that students are learning and the best ways to support students.

**Lack of Funding**

Money has played a critical factor in providing access to mental health programs to students within schools in Oakland Unified School District. Specifically, lack of money and funding provided to school-based mental health programs reduces the amount of students who can receive support from the mental health programs. Over 80% of the teachers and mental health professional noted that one limitation of the mental health programs is money and a budget crisis. Every teacher interviewed explained that Oakland Unified School District is currently experiencing a budgetary crisis where funding was cut for the district. As of March 2019, the Oakland school board cut 20.2 million dollars from budget within Oakland Unified School district (Harrington, 2019). The budget cuts resulted in 100 jobs cuts, some of which where the jobs of mental health professionals (Harrington, 2019). Because of the budget cuts, large schools in Oakland, like Oakland Technical High School, do not have enough mental health professionals to support the large quantity of students who need mental health services. Brittany, a Black student support specialist and former student at Oakland Technical High school, reported that Oakland Tech has “maybe two mental health providers for a school of 2,000 students.” Teachers explained that mental health professionals have several students on their caseload and are often overworked. The shortage of mental health professionals likely means that not as many students get served and the quality of the mental health services may not be as strong. Every teacher made it clear that they would appreciate more mental health professionals to help speed up the process of getting students services and to decrease the amount of students that a single mental health professional has on his or her caseload. The data
suggests that the absence of funding makes it difficult for mental health professionals to address the needs of students who qualify for participation in school-based mental health programs.

Lack of money for mental health programs has resulted in some programs being shut down in school and loss of mental health professionals. Both mental health professionals and teachers reported that schools experience a high turnover of mental health professionals in Oakland Unified School District. A few teachers discussed one of their school’s most influential programs that was eventually removed from the school. Cindy, a White woman who works as a resource support teacher with students with special needs at East Oakland Pride Elementary School, stated that the school “used to actually have you know several people that worked with higher ground. Now we can't afford that program anymore.” The mental health professionals also complained about the lack of money and the limitations that money presents. Barbara, a White woman who has worked as a clinical psychologist for over thirty years, explained that “the limitations are money and maintaining a quality staff. We don’t pay that well. We have an excellent staff but there is high turnover.” The accounts of Cindy, Barbara and the nine other teachers and mental health practitioners who expressed issues with funding for school-based mental health programs support the argument that money inhibits access to mental health programs in three ways: 1) high turnover rate of mental health professionals, 2) limited numbers of mental health professionals and 3) complete removal of a mental health program from a school. Without the mental health programs or professionals, students do not learn coping mechanisms or develop relationships that help them improve communication and regulate their emotions.

The fact that lack of funding presents a barrier to accessing school based mental health programs is expected. When under resourced schools and school districts do not receive adequate
funding, the resources these schools provide to their students are of poor quality (Baker, 2018). When schools are underfunded, students do not perform well academically or socially. Ultimately, programs that do not receive adequate and equitable funding fail to support students, which is exactly what teachers and mental health professionals within Oakland Unified School District have identified as an obstacle to supporting students.

**Delayed Access to Mental Health Services**

The amount of time it takes for a student to be placed on a mental health serves as a barrier to access of school-based mental health programs because students may not get to see a mental health professional before they experience harsh discipline policies. Teachers expressed issues with the implementation of the mental health program, and 70% of the teachers thought that one problem was the time it takes students to receive services. When speaking with Lisa, she expressed that she was frustrated because the “process for getting a kid help is exceptionally longer than the process that it is to get a kid expelled.” Lisa is very familiar with the COST referral process in OUSD and explained that “the system takes at least 90 days and a lot of times it takes longer.” She also noted that it takes 90 days to get a child to see a therapist, but a student can get expelled “at the drop of a hat.” One mental health professional also shared opinions similar to Lisa. Julia explained that she has kids on her caseload that “need a different setting or a smaller classroom and we do everything we can. But the reality is it may take them a couple of years to get them in the settings they need to be in.” Both Lisa and Julia expressed dissatisfaction with the school-based mental health program due to the prolonged process of getting an at-risk student to begin therapy sessions with a school-based mental health professional. This evidence conveys that several students do not receive support through the mental health programs because they are likely to get suspended before they can meet with a mental health professional. If the
students get the opportunity to see a therapist, they may be in the wrong classroom setting and transitioning into the classroom they should be in takes quite a long time, which likely counteracts the services and support they are receiving from their therapist. Bearing this evidence in mind, there is a need for improved logistics that decrease the amount of time it takes to get students mental health services.

**Racial and Ethnic Identity Differences**

Often times the differences between the racial and ethnic identities of mental health professionals, teachers and students decreases the likelihood that counseling services will be effective. Teachers believed that a part of what makes successful mental health program is whether or not the mental health professionals share racial and ethnic backgrounds that are similar to the population of students that they serve. Brittany, a Black teacher in OUSD, explains teachers perspectives on how identity creates a barrier to accessing mental health services:

> At the same time, I think it really depends on who that counselor is because if it’s a white older man and not being used to hearing about drugs its different than if it’s a person of color who’s younger who I may have known has done drugs and changed their life around. Basically it’s like the same thing, if it’s like a White person, I don’t think it would come off the same if it's like a person of color speaking to students of color about like why that is important.

While some students do have the opportunity to work with mental health professionals, their sessions may not be as beneficial or assessible because they do not identify with or share similar experiences with mental health professionals of a different racial or ethnic background. Brittany and other teachers that perceived this as a barrier emphasized the importance of building a rapport between students and mental health professionals and explained that building rapport
with their students is difficult if their students cannot identify with the mental health professional. This observation is supported by Meyer and Zane who explained that culturally relevant aspects of mental health services are salient to ethnic minorities and often impacts how ethnic minorities respond to mental health services (Meyer & Zane, 2014). Researchers who focus on race and trauma also note that discrepancies between the therapists background and that of the client can influence the treatment relationship (Encyclopedia of Trauma, n.d.). The opinions of Brittany and teachers who share similar views indicate the importance of hiring racial, ethnic, and linguistically diverse mental health professionals within school-based mental health programs.

Moreover, identity differences between teachers and students create a barrier to accessibility of school-based mental health services. While teachers indicated that school-based mental health programs were responsible for most of the roles supporting students’ mental health, they also believed that teachers could play a crucial role in addressing their student’s mental health needs and developing behavior interventions. However, teachers revealed that it was difficult for some White teachers to support students because of the differing identities and experiences of teachers and students. Lisa, who teaches a 9th grade ethnic studies class, explained the differences in cultural identity and how the difference impacts teacher’s ability to support students:

But you know the fact is that I work at a school where the majority of teachers are cis White tend to be male. But there are a lot of cis White females and a lot of people who come to work in public schools in Oakland have a lot of White Savior Complex that just fucking resonates off their skin. They just walk around like I'm going to save you from this. And I try to sympathize with these White savior teachers because I really do think
that they get put in a situation where they have no idea what they signed up for and they are not getting the help to be able to understand these kids. They have no idea what these kids are coming from. It's totally divorced from their own experience growing up.

The accounts of Lisa and other teachers suggest that White teachers are not culturally competent. The lack of cultural competence prevents certain teachers from supporting students’ mental health needs. The tensions that Lisa described may contribute to the other barriers identified, specifically the communication between teachers and school-based mental health professionals. There is a strong possibility that mental health professionals consciously choose not to share information with teachers regarding coping mechanisms and methods to help students because they do not think teachers have the cultural competence or cultural sensitivity to support with their students’ mental health needs. Lisa suggests that mental health professionals can serve as a resource to teachers. School-based mental health professionals and school administrators can target this area and work with teachers so that they develop cultural competence and are better able to support students.

**Awareness of Mental Health Services**

Although several barriers to school-based mental health programs and services involve poor logistics and communication between school administrators, parents are also involved in creating barriers to services. Teachers noted that it is beneficial when parents are aware of the school-based services students should have because they advocate for their child. Otherwise, the decision to place a student in school-based mental health programs would be left up to the school. Interestingly, Lisa reported that White parents are more aware of the school-based mental health services because they have the “privilege to make a lot of phone calls and to push for their kids.” As a result, White students benefit more from the school-based mental health services.
When interviewing Britany, she explained how White parents get mental health services for their kids in school:

And something that it’s like their parents are more aware and they know how to trick the system. So, there are a lot of White students that get IEPs [Individualized Education Plan], they get 504s [Section 504 Plan] and one of the things one of the mental health providers complained about [is] like she’s always in meetings for 504s. So basically the White families know how to get around the system where they can get their kid a 504 and its like ok my kid has a priority to those resources because if they don’t get them [parents] can hold the district liable.

The evidence presented above is a sentiment shared by several teachers who were interviewed. They thought that not enough Black and Latinx parents were aware of mental health programs and service while White parents were. Teachers believed that White parents abuse school-based mental health programs and services in schools. According to these teachers, White students’ excessive participation in mental health programs prevents Black and Latinx students from participating in and eventually receiving the benefits of school-based mental health programs. This is a plausible explanation for the disciplinary trends found in chapter 3 that displays disciplinary rates for White students decreasing in schools with mental health programs. While it is not their fault, teachers implied that Black and Latinx’s parents’ lack of awareness of school-based mental health programs also contributes to White parents’ taking advantage of school-based mental health programs. Britany states “for students of color it is beneficial when the parent is aware of the accommodations and the services students should have. If the parent isn’t

10 IEPs and 504s are plans that are intended to support and protect students with disabilities from learning in restrictive environments. Students in grades K-12 are eligible for an IEP or a 504 at no additional cost to the students’ parents or family.
aware, then it’s just kind of left up to the school.” The combination of Black and Latinx parents lack of awareness of mental health programs and White parents’ disproportionate access to school-based mental health programs creates a barrier to services for students of color who are in need of mental health support. Perhaps school administrators, specifically members of the coordination of services team, can improve the marketing strategies around school-based mental health programs, thus helping to improve awareness of the mental health programs for Black and Latinx families.

**Cultural Barriers**

**Mental Health Stigma in Communities of Color**

Not only are there logistical barriers, but there are cultural barriers that prevent students from accessing school-based mental health services. Every mental health professional and teacher interviewed reported that there were socio-economic and cultural barriers to asking for mental health assistance. Two teachers disclosed that some parents were not supportive of their child participating in a school-based mental health program. Brittany shared an example that highlighted some parents’ refusal to support their child participating in a school based mental program:

Where on the other hand Black and Latinx families sometimes they don’t even want the stigma of getting special Ed or needing special accommodations. Like that’s something going on right now where a boy who needs it and his dad doesn’t want him to have it. So he’s suffering, has all Fs but he could really use those accommodations.

Brittany wasn’t the only teacher who noticed mental health stigma amongst parents of color. In Cindy’s interview, she explained how shocked she was by the way some parents talked about their students who had learning disabilities and mental health difficulties:
I work with students with learning disabilities. Some parents of color are like well they're [the student] just lazy and they're just this. And I'm like oh no you're not, they actually are really having a hard time and they're trying [to do better]. Or some parents are like oh my god my kid has all these issues …

Brittany and Cindy believe that parents of color, specifically Black and Latinx, do not full support their child’s participation in mental health programs because of the stigma of mental illness. Past research has documented that the potency of the stigma of mental illness has prevented ethnic minorities in need of mental health services from seeking mental health services and participating in treatment (Gary, 2009). Teachers believe that parents with mental health stigmas cause harm to their children, especially those who are in desperate need of mental health services but cannot get them because the school does not have parental permission. It may be possible for mental health professionals to serve as a resource to parents who are not supportive of school-based mental health programs, or mental health services in general, for their children by explaining to parents how trauma can negatively impact student behavior, academics, and overall quality of life. However, it may be difficult for mental health professionals to work with parents, especially parents who may be the cause of trauma or feel responsible for their child’s trauma. When parents abuse their kids either physically or sexually or neglect their children, these children develop trauma that manifests in different ways and impacts them throughout their life (World Report on Violence and Health, 2002). For a child who is experiencing trauma from living in poverty, the child’s parents may believe they are responsible for the child’s trauma and may not be willing to attend the parent education programs.
Young and Rabiner, authors of “Racial/Ethnic Difference in Parent-reported Barriers to Accessing Children’s Health Services,” reported that Black and Latinx parents were often worried that their children would be teased by peers for having a mental health issues or needing mental health services in schools and worried that teachers would view them as a mediocre parent (Young & Rabiner, 2015). Black and Latinx parents have valid reasons for being cautious about how teachers might perceive them if their child has a mental health issue. Poor families of color who are continuously oppressed may view school-based mental health programs and professionals as agents of the state that are attempting to keep them oppressed (Edmonds-Cady & Wingfield, 2017). With the current Republican and anti-immigrant administration in the White House, Latinx families who are not yet citizens of the United States may fear being deported if they register their child for a school-based mental health program or any other mental or behavioral health service. Since Black Americans continue to experience systematic oppression, they might perceive mental health professionals, specifically those who are White, as agents of the state designed to keep them, and their families oppressed.
Chapter 6: Conclusion and Implications

The findings of this project expand on existing literature by providing insight into teachers’ and mental health professionals’ perceptions of school-based mental health programs and highlighting critical issues with the execution of school-based mental health programs in Oakland Unified School District. Despite the perceived benefits of school-based mental health programs, the accounts of teachers and mental health professionals suggest that school-based mental health programs in Oakland Unified School District are not as successful as they can be. The combination of the fiscal, logistical, and cultural barriers ultimately creates a system that prevents school-based mental health programs from actually addressing the issues that cause trauma and aggressive behavior and decreasing the Black-White and Latinx-White gap in exclusionary discipline policies. Although the process of selection and implementation of school-based mental health programs and services occurs in a systematic manner, the findings of this research indicate the need for structural changes in the application and execution of school-based mental health programs in schools in Oakland Unified School District.

Discussions with school administrators, which included teachers and school principals, and mental health professionals, revealed crucial information about the current implementation of school-based mental health programs in Oakland Unified School District. Teachers, mental health professionals, school administrators demonstrated that school-based mental health programs benefit individual students in three ways. First, school-based mental health programs equip student participants practical coping mechanism to aid with healing their trauma. Second, participation in school-based mental health programs help students develop positive relationships with their mental health professional. Teachers and mental health professionals noted that a component missing in many of their student’s lives is a strong relationship, and were pleased that
school-based mental health programs could provide such as support system for students. The last aspect of school-based mental health programs that teachers and mental health professionals perceived students benefited from was improved communication between students and teachers.

Even though teachers and mental health professionals believed that school-based mental health programs afforded certain benefits to individual students, an overwhelming majority of students, most being Black and Latinx, in schools within Oakland Unified School District did not have access to school-based mental health programs. The barriers to accessing school-based mental health programs were logistical, fiscal, and cultural. The logistical barriers that teachers and mental health professionals identified included poor communication between teachers and school administrators and poor communication between teachers and mental health professionals, delayed access to mental health services, racial and ethnic identity difference between students and mental health professionals, and inadequate parental awareness of school-based mental health programs. Arguably the most significant barrier that mental health professionals and teachers indicated was the absence of funding for school-based mental health services. In some schools, the shortage of money resulted in the loss of school-based mental health programs. Aside from fiscal and logistical barriers, teachers noticed a cultural barrier, which was mental health stigmas in communities of color. Together, the presence of cultural, fiscal, and logistical barriers impedes the success of school-based mental health programs in Oakland Unified School District.

While the findings of this study are crucial in the field of education, specifically in regard to mental health and school discipline, it is important to acknowledge that the sample is limited to teachers and mental health professionals who work in Oakland Unified School District. Therefore, the perception of school-based mental health programs discussed in this paper may
not be representative of teacher’s perceptions of school-based mental health programs in other school districts and other states. What teachers and mental health professionals from Oakland perceived as benefits of school mental health services and as barriers to school-based mental health services could be different from the sentiments that teachers and mental health professionals in other states and school districts. Additionally, while there were a high number of interview participants, the participants were limited to those who volunteered. It is possible that those individuals who did not volunteer to be interviewed might have opinions that were not adequately represented. For instance, it may be expected that individuals who chose not respond to the interview request may not feel that school-based mental health programs and exclusionary discipline policies are issues of importance in their school. Some individuals may have more positive opinions on school-based mental health programs depending on the schools that they teach in. Moreover, the opinions of teachers and mental health professionals who work with students from wealthier backgrounds or work more with student from ethnic backgrounds that are not black and Latinx may not have been adequately represented. Therefore, these findings may not generalize to a truly diverse group of teachers and mental health professionals.

The quantitative analysis of disciplinary rates also presents some limitations. Specifically, the years of data available for analysis was a limitation. The years analyzed are from 2011-2012 to 2015 – 2016. The analysis does not include disciplinary rates from 2017-2018 or 2019 – 2020, and these two school years that are not included could potentially show a decrease in rates of suspension and referrals to law enforcement within schools in Oakland Unified School District.

The prevalence of children’s trauma in school environments and its effect on student behavior conveys the importance of the implementation of school-based mental health programs. The findings of this research indicate that school based mental health programs provide some
benefits to students with trauma, specifically providing students with coping mechanisms, opportunities to improve communication with teachers and develop lasting relationships. Despite the benefits, the finding suggests that school-based mental health programs in Oakland Unified School District are ineffective and ultimately need changes to logistical and fiscal policies to be accessible and effective for Black and Latinx students. For example, even in the presence of school-based mental health programs and professionals, the suspension and referral to law enforcement rate of Black students increases and is the highest of all three racial groups. When teachers refer their student to the coordination of services team to be put on a mental health professional’s caseload, the student often gets suspended or expelled before working with the mental health professional. Moreover, respondents express that there simply isn’t enough money given to support school-based mental health programs and the mental health professionals working in schools. Developing policies and procedures that improve the fiscal, logistical, and cultural barriers are imperative if schools in OUSD truly want support in healing student trauma and improving student behavior. These policies should be implemented at the administration level both in individual schools and at the district level more broadly.

In an effort to address the fiscal hurdle in providing equitable and accessible school-based mental health services, teachers and mental health professionals can inform school district administrators and policymakers about the critical need to promote and implement school-based mental health programs and services. Through their advocacy they can push for more funding for school-based mental health programs and higher pay for school-based mental health professionals. School districts should also allocate a certain amount of money for training and education programs designed to train individuals from Oakland and the surrounding Bay Area.
who majored in psychology and related fields to become psychotherapists. The district should proceed with hiring them as school-based mental health professionals in OUSD.

The training program could also serve as a solution to the barrier that results from the differences between the racial and ethnic identities of students and mental health professionals. Clinical psychologist Monica Williams noted that matching cultural identity is important because clients feel more comfortable discussing their psychological difficulties with someone of the same ethnic and racial background and perceive mental health services as more effective when working with clinical professionals who share and understand their culture (Williams, 2018). Creating a district level or state-wide program that trains Black, Latinx, Native American, and Asian individuals to become clinical health professionals will likely increase the presence of mental health professionals from racial and linguistically diverse backgrounds. Going to school to become a clinical psychologist is very expensive and individuals from diverse ethnic background, specifically Black people, may have a hard time paying to attend these programs. Researchers at Dartmouth College concluded that Black families have less wealth to draw from than White families and Black families have 185% more student loan debt than their White counterparts (Houle & Addo, 2018). If Black families can-not afford to have such an immense amount of student debt, they likely will-not spend money to go to school to become a clinical psychologist. The program would increase the presence of Black, Latinx, and other ethnic minorities school-based mental health professionals and hopefully improve access to mental health service for ethnically diverse students. Moreover, these newly trained mental health professionals can act as a resource to White teachers in schools in OUSD and provide White teachers with training surrounding cultural competency.
Effective destruction of the logistical barriers that prevent students from obtaining successful school-based mental health services requires several administrational and managerial changes. The findings pinpoint a clear need to improve communication between teachers, mental health professionals, and the coordination of services team. First, to address the issue of poor communication between the coordination of service team and teachers, schools in Oakland Unified School District should implement mandatory bi-weekly meetings between the coordination of services team and school teachers. These meetings are intended to provide teachers with the space to talk with COST directly to recommend at-risk students to school-based mental health programs and assist the coordination of services team in deciding which students should receive priority for the school-based mental health programs and services. Each school can adjust the meetings based on teachers’ and administrators’ availability. Ultimately, this new system should help decrease the amount of students who experience exclusionary discipline before working with a school-based mental health professional.

Schools within Oakland Unified School District should also consider implementing a School Responder Model. The School Responder Model is a behavioral health diversion where students are screened for behavioral health needs upon receiving a disciplinary sanctions instead of being immediately suspended or expelled (National Center for Mental Health and Juvenile Justice, n.d.). A responder immediately completes a behavioral health screening and a clinical assessment if students are flagged during their screening. Finally, Students are given a treatment plan and connected with mental and behavioral health services. The school responder model was implemented in schools in Connecticut, Ohio, Nevada and Wisconsin and seems to be effective in reducing punitive disciplinary consequences.
To address communication issues between mental health professionals and classroom teachers and improve accountability for both mental health professionals and teachers there should be a monthly meeting between mental health professionals and teachers who have students that work with school based mental health professionals. The presence of the meetings will present a time for teachers and mental health professionals to develop some classroom support systems for students with trauma. Mental health professionals can teach teachers different mechanisms in screening, monitoring progress, and implementing behavioral and social emotional lessons to address students’ trauma especially in the event that the student cannot immediately see a mental health professional. Implementing these policies provides full wrap around mental health services and providing additional support mechanisms for students.

The time it takes to get a student mental health services is another managerial issue that if fixed has a great potential to improve the acquisition mental health services in schools in Oakland. One theme that emerged from the interviews with school teachers and mental health professionals was that students get suspended, expelled, or referred to law enforcement before they get to attend sessions with school-based mental health professionals. If anything, students should have worked with mental health professionals for a while before they get suspended for behavioral issue. Unfortunately, that is not a possibility since it takes three months or more to get a student into a school-based mental health program. If Oakland Unified School District required the coordination of services team to have a turnaround of three to four weeks to provide school-based mental health services for students who received a COST referral from a teacher, students who are likely to experience exclusionary discipline before seeing a mental health professional would get the opportunity to receive mental health services. This would decrease the likelihood
of being suspended or expelled since these students would have received the opportunity to work with school-based mental health professionals to address behavioral and emotional difficulties.

The adoption of parent education programs in Oakland Unified School District can address the cultural barrier of mental health stigma and the logistical barrier of awareness of school-based mental health programs. Schools in OUSD can implement an afterschool or weekend parent psychoeducation program where mental health professionals can inform parents about trauma, mental health, and how lack of treatment can negatively impact students’ lives. In these education programs, members of the coordination of services team can explain their specific school-based mental health program, walk through the different forms that parents and teachers fill out in order to get their child school-based mental health services, and ultimately learn how to advocate on behalf of their children. As parents of color learn the importance of mental health service and to advocate for their children, more Black and Latinx students can have more opportunities to participate in school-based mental health programs rather than mostly White students having access to school-based mental health programs and services.

Teacher education programs that fail to equip teachers with the skills to understand diverse student populations are doing a disservice to the field. Oakland Unified School District must develop teacher education programs that prepare teachers to work in schools with majority black and Latinx populations. The preparation would be beneficial to students and teachers by aiding in the removal of teacher’s White savior complex and helping teachers understand their students diverse and complex backgrounds.

In analyzing the interview data, several questions arose. Seeing that the rates of suspension and referrals to law enforcement increased in schools that had mental health professionals, it makes me question whether the school-based mental health programs are
causing more harm than good to certain groups of people. During the discussions with the individuals interviewed, it occurred to me that students enrolled in Oakland Unified School District are not getting all the support that they need. What needs to be done to support students, specifically Black and Latinx students? How can school-based mental health programs be designed so that they benefit both students and school staff? What is Oakland Unified School District doing to address the lack of progress? School level administrators, district level administrators and mental health professionals should keep these questions in mind when they are evaluating school-based mental health programs and developing new resources for students.

Future research should explore teachers’ and mental health professionals’ perceptions of school-based mental health programs in different states and school districts. It is possible that other districts have effectively implemented school-based mental health programs. School and district officials and Oakland Unified School District might be able to use these effective programs as a guide to improve the implementation of their school-based mental health programs. Additionally, more research is needed to understand teachers’ beliefs on their ability to implement social emotional support within their classrooms. Further research on this topic can be used as a tool to suggest different trainings for teachers. Exploring ways of interpreting trauma and interpreting healing will also benefit students with mental health difficulties in the future. Depending on the type of trauma a student has the student may need to participate in different types of mental health services and therapeutic services. Researchers, clinical psychologists and psychotherapists are encouraged to explore different forms of healing as they correspond to different forms of trauma and mental health difficulties. Furthermore, survey and interview data should be collected on students’ perceptions of school-based mental health programs. Gaining an insight to student’s perception, especially students who participate in the
school-based mental health programs, can be used to determine if school-based mental health programs are beneficial and impactful for Black and Latinx students and help schools determine whether or not schools should explore other policies to address student’s behavior and mental health.

Overall, the findings of this research suggests that current school-based mental health programs in Oakland Unified School District are ultimately ineffective in reducing the Black-White and Latinx-White discipline gap because of several logistical, fiscal, and cultural barriers. Most of these barriers that prevent access to school-based mental health programs are a result of managerial inefficiency. Some of the barriers are a result of negative cultural beliefs surrounding mental health. On a positive note, teachers and mental health professional noted positive benefits of school-based mental health programs, specifically the coping mechanisms that students learn and the opportunity to build positive relationships. All of the factors that teachers perceived as barriers to mental health services are interconnected in some form. It is clear from this research that there are several barriers that need to be dismantled in order to provide effective, efficient and culturally sensitive school-based mental health services to Black and Latinx students. Together, teachers and mental health professionals can work with school district administrators to develop and implement school-based mental health programs that are accessible to black and Latinx youth and successful in addressing their difficulties with trauma and mental health.
Bibliography


Appendices

Appendix A. IRB Approval

STANFORD UNIVERSITY

Penelope D. Eckert, Ph.D.

Chair, Panel on Non-Medical Human Subjects

Notice of Exempt Review

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<th>March 20, 2018</th>
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<tr>
<td>For</td>
<td>Kalli Malika Hanafi, Junior H &amp; S Programs</td>
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<tr>
<td>From</td>
<td>Penelope D Eckert, Ph.D., Administrative Panel on Human Subjects in Non-Medical Research</td>
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<tr>
<td>Protocol Title</td>
<td>The Caging of America: Can Mental Health Professionals Help Dismane the School-to-Prison Pipeline?</td>
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The IRB reviewed your research protocol on March 20, 2018 and determined that the only involvement of human subjects in the research activities will be in one or more of the categories that are exempt from the regulations at 45 CFR 46 or 21 CFR 56. If this protocol is used in conjunction with any other human use it must be rereviewed. The IRB requests prompt notification of any complications or incidents of noncompliance which may occur during any human use procedure.

Please remember that all data, including all signed consent form documents, must be retained for a minimum of three years past the completion of this research. Additional requirements may be imposed by your funding agency, your department, HIPAA, or other entities. (See Policy 1.9 on Retention of and Access to Research at http://preresearch.stanford.edu/policies/research-policy-handbook)

Review Type: EXEMPT - NEW
Funding: Stanford UAP Committee, SPO: pending
Exempt Under Category: 2
Assurance #: FWA0000995 (SU)
Appendix B. Interview Schedule

**DESCRIPTION:** You are invited to participate in a research study on the roles and benefits of mental health professionals in schools. You will be asked to answer questions about your roles in the current school you work in and your observations during your time working at the school in an audio recorded interview.

**TIME INVOLVEMENT:** Your participation will take approximately 30 – 40 minutes.

**PARTICIPANT’S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study.

**Thank you for making time to allow me to interview you.**

**Questions for School Administrators:**

1. What is your role at this school?
   a. What are your day to day responsibilities?

2. What kinds of problems do students generally have?

3. What do your encounters with students usually look like?
   a. How do you think these interactions are different from their interactions with their parents?

4. What are some things that teachers do well or do not do well in terms of making school a supportive and welcoming environment for students?
   a. What are interactions between students and teachers like?

5. What are some supportive and unsupportive programs that this school has for students?

6. Have you taught any students who’ve participated in these mental/behavioral health programs? If so have you noticed any changes in their behavior and/or academic performance? If so, what have the changes been.
7. If you could rate the impact of the mental health program on a scale from 1-10, how would you rate the program (1 - no impact – 10 - big impact)?

8. Based off of your observations of student behavior and academic performance before and after participating in these programs, would you recommend that the programs be continued?

9. What are some of the supportive and unsupportive things that parents do in relation to students’ behavioral problems?

10. What are some of the tactics you use when working with students?
   a. Are there any skills you teach them or specific roles you take on, for example mentorship or caregiver?

11. What other tactics or policies could the school implement to address behavioral issues? *This question aims to understand school administrators’ opinions on highly trained mental health professionals in schools.

Questions for Mental Health Professionals:

1. What does a school mental health professional do?
   a. What are your day to day responsibilities?

2. How do you get in contact with your students?

3. What demographic of students do you generally work with? (race, gender, etc)
   a. Do teachers recommend students or do the students come themselves?

3. What kinds of problems do students generally have?

4. What do your encounters with students usually look like?
   a. How do you think these interactions are different from their interactions with teachers and their parents?

5. What are some things teachers do well or do not do well in terms of making school a supportive and welcoming environment for students?
   a. Have you noticed interactions between students and teachers? What are these interactions like?”

6. What are some of the supportive and unsupportive things that parents do in relation to students’ behavioral/academic performance?

7. What are some of the tactics you use when working with students?
   a. Are there any skills you teach them or specific roles you take on, for example mentorship or caregiver?
8. What are some of the limitations you have faced in helping students? Can you tell me about a specific case where you felt you could not be of much help to students with the problems that they were facing?

9. What impact have you noticed working with students at this school? Can you share a specific story or encounter with a student where you felt you were particularly helpful?