Chapter 28
Answering the Call for School-Based Mental Health:
Culturally Competent Intervention and Support

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ABSTRACT

A largely unmet need exists for school-based mental health services by students who are of an ethnic minority and who may not have insurance, access, and/or the knowledge of mental health services. These same students may not receive effective, culturally sensitive counseling services, interventions, or valid/accurate measures of psychological testing. In order to resonate and connect with these students who need the most help and support despite these barriers to accessing quality treatment, what is the school-based mental health provider to do? This chapter will initially discuss a comprehensive review of culturally competent interventions for school-based mental health providers as well as recommendations for culturally competent training for mental health providers and school staff to ensure that culturally competent collaboration and appropriate support exists for all students.

INTRODUCTION

It has been well documented that students who are receiving education in 21st century schools are facing an incredible number of social emotional stressors; including but not limited to: Poverty, violence, harassment, substance abuse, depression, anxiety, and difficulty in their family relationships. It has been estimated that 20% of students have a diagnosable psychiatric disorder, but less than one quarter of these students are receiving any sort of specialty mental health services; most of which the school provides. For example, in California as of 2010 and the introduction of AB 2632, which shifted the responsibilities of providing school mental health services from county agencies to schools, required that the burden of responsibility fell upon school districts to ensure proper support was met for the social and emotional

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needs of their students (Beam, Brady, & Sopp, 2013). However, the method and determination of who (i.e., if it is the responsibility of school counselors, school mental health providers, school psychologists, and/or licensed marriage and family therapists or social workers) is to provide these services is still largely up to the school district's discretion. The following section will separate some key distinctions of the professionals who provide counseling services within the schools, whose roles and titles will be used interchangeably throughout this chapter, who are often recruited to provide such services (this may change by state; examples given are mainly within California):

- **School Counselors:** Typically hold graduate degrees and a credential. Trained in various counseling techniques, often with an emphasis in academic and career/vocational counseling.
- **Marriage and Family Therapists:** Typically hold graduate degrees and a license in the respective state(s) they practice within. Trained in various counseling techniques, often with an emphasis on working with the family system.
- **School Psychologists:** Typically hold graduate degrees and may hold an additional license as Educational Psychologists. Trained in various counseling techniques, often with an emphasis on psychoeducational testing.
- **School Social Workers:** Typically hold graduate degrees and a license in the respective state(s) they practice within. Trained in various counseling techniques, often with an emphasis on working within organizations (e.g., hospitals; clinics) utilizing the appropriate community resources to assist their clients.

A greater unmet need for these mental health services exists for students who are of an ethnic minority and who may not have insurance, access, and/or the knowledge of mental health services. Additionally, these same students may not receive effective, culturally sensitive counseling services, interventions, or valid/accurate measures of psychological testing (Dana, 2007). Researchers have pointed out that there are few studies which have looked specifically at racial and ethnic disparities in mental health; and: "Racial and economic minorities are at elevated risk of persistent mental disorders into adulthood, even though they demonstrate similar or lower prevalence rates in adolescence" (Alegria, Green, McLaughlin, & Loder (2015, p.1).

KEEP IN MIND: THE HISTORY OF COUNSELING

School personnel need to remember the history of counseling in general, specifically where at the outset, upper class Caucasian males were offered privilege not known to other ethnic groups to receive what we currently refer to as mental health treatment. Counseling in and of itself often carries the assumption that professionals are offering what is seen as normative, ideal behavior or adherence to a uniform idea of what is considered less desirable or pathological. The Western world seems to be addicted to the idea of measuring, quantifying, sorting, and logically organizing. The ideas cast into the shadows of our society appear to be disorganization, chaos, qualifying, or acceptance of the unknown. Of course, both ways of perceiving the world—as rational and irrational as well as logical and illogical—are necessary; the question seems to be, why can we not have both? (Goodchild, 2012; Starr, 2015).

Researchers Constantine & Sue (2005) add, "Historically in psychology, the perspectives of racial, ethnic, cultural, and sexual minorities have been marginalized or ignored in mainstream theoretical and