

Implicit Bias in the Child Welfare, Education and Mental Health Systems

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EXECUTIVE SUMMARY

Youth of color are overrepresented at every stage of the juvenile justice process. Much of the literature that discusses this overrepresentation focuses on racial disparities in the juvenile justice process itself. However, a comprehensive understanding of this racial disproportionality is not possible without examining racial bias in the “feeder systems” that funnel our children into the juvenile justice system.

This paper investigates the impact of racial bias on three public institutions: the child welfare, education, and mental health systems. Research shows that racial disparities exist at almost every stage in these systems, and that racial bias could account for the difference in outcomes between non-White and White youth. While most of the research indicates that racial bias could be an influencing factor in the decision-making process within these three systems, this paper highlights the **ambiguity in evaluation criteria determining child welfare, school disciplinary and special education, and mental health outcomes** and suggests that **the ambiguity leaves room for caseworkers, educators, practitioners, and juvenile judges to unconsciously rely on their preexisting stereotypes about racial groups in their decision-making**. Finally, this paper will provide possible de-biasing techniques designed to mitigate the influence of racial bias in these systems and highlight where future research can help draw the connection between implicit racial bias and the existing racial disproportionality.

CHAPTER 1: Implicit Bias and Child Protective Services

Starting with the point of referral, various decision-makers determine the outcome of a child welfare proceeding: whether a case is referred, screened-in, investigated, and substantiated. Most decision-makers believe that their evaluation of a specific case and eventual decision are based on an objective review of the facts. Thus, many suggest that the existing racial disproportionality is an unfortunate but nevertheless true representation of reality.

However, existing research calls into question the objectivity of the evaluation and decision-making process. Depending on a decision-maker's perspective, the idea of "abuse and neglect" can encompass a range of experiences from severe forms of physical and sexual abuse to neglect that stems from poverty. Given research finding that families of color are no more likely to mistreat their children than White families, the racial disparities in the child welfare system reflect a distortion of reality and suggest that the decision-makers malleably apply the definition of maltreatment.

The following research will illustrate the stages of the child welfare system, highlight racial disproportionality in a number of key decision-making points, and suggest the role racial bias plays in case outcomes. As this research shows, there are various points where decision-makers might unconsciously rely on racial biases about families and children of color when reviewing the facts of a case, and consequently, case review and evaluation may not be objective.

Overview

A child's initial contact with the child welfare system begins when he or she is referred to child protective services for suspected abuse or neglect. After a child is referred, the case will either be screened-in or screened-out depending on whether the situation meets the state's definition of maltreatment. If a report is screened-in, child protective services will conduct an investigation to ascertain safety concerns and determine the level of risk (Child Welfare Information Gateway, 2013).¹ If evidence of abuse or neglect is found, the case is considered "substantiated," upon which a court may either remove the child from the home and place him or her into out-of-home care, or provide additional services to the child and family to improve in-home care.

Racial Disparities at the Referral & Investigation Stages

¹ An increasing number of jurisdictions employ differential response, in which screened-in families may receive a traditional investigation or may receive an alternative response. Determining whether a case will be referred to traditional investigation or receive an alternative response also requires the application of criteria, which may allow racial bias to interfere with objectivity. Although this decision-making point is increasingly important within the child welfare system, this paper is not able to discuss the possible disparities at that point.

Some scholars view poverty as the primary factor accounting for high levels of racial disproportionality in cases of child maltreatment reporting and investigation (Drake et al., 2009), while others suggest non-racial factors such as parental drug use and family circumstances (Howell, 2009; Font et al., 2012). In citing such socioeconomic factors, scholars highlight the intersectionality between race and socioeconomic status, simultaneously illustrating the non-significance of race/ethnicity and accounting for the racial disproportionality in case assessment and outcomes. According to this theory, racial disparities in case outcomes merely reflect the correlation between socioeconomic status and race.

However, many scholars show that similarly-situated Black families are most severely overrepresented—about three times the rate of White families—at acceptance for investigation or assessment, despite no evidence to suggest that Black children were abused more severely than White children (Bowman et al., 2009; Fluke et al., 2003; Hill, 2004; Rolock & Testa, 2005). This research suggests that socioeconomic status may not be the determining factor in child welfare case outcomes, but that race may play a significant role in determining those outcomes.

Racial Disproportionality in Substantiated Cases and Causes for Removal

Studies also reveal higher rates of substantiation for Blacks than Whites (Baird, Ereth & Wagner, 1999; Eckenrode et al., 1988). Additionally, Latino children are disparately affected, since Latino families are more likely to have a substantiated case than White counterparts. Cases involving Latino children were also brought into the system more quickly, with less time devoted to assessment from the time of referral to the time of substantiation (Church, Gross & Baldwin, 2005).

While scholars might explain the disparate treatment as a result of either a correlation between socioeconomic factors and race, or as a reflection of reality, other scholars show that non-racial factors alone do not account for the overrepresentation of Black children in the child welfare system. For instance, either the presence of abuse or neglect could cause substantiation and subsequent removal. However, the kind of abuse which results in a child's removal from the home is not consistent across races. Black children are more likely to be removed from their homes for neglect, which can often be related to poverty, than for physical or sexual abuse (Hill, 2004; Katz et al., 1986; Lindsey, 1991). Hill elaborates on this phenomenon by saying:

“In other words, families (which are disparately White) that have been substantiated as physically or sexually abusing their children are more likely to keep their children and receive services in the home. On the other hand, families (which are disparately Black) that have been found to neglect their children are more likely to have their children taken from them” (Hill, 2004, 25).

While it appears that racial bias does affect case outcomes, it is still unclear as to how exactly it affects child welfare decision-making. Thinking about the decisions made by child welfare workers alone, for instance, are they more inclined to substantiate cases for Black families, and therefore view facts as meeting criteria for neglect? Or do racial biases have a greater impact at the point of removal, when the caseworker needs to decide whether he or she believes the family can take care of the child?

Racial Disproportionality in Foster Care

Though some studies suggest that the professional background of the decision-maker affects out-of-home placement decisions (Britner & Mossler, 2002), others show that the ethnicity of the family is the best predictor of length in time in an out-of-home placement. Jenkins and Diamond tested the visibility hypothesis to determine its effects on foster-care placement in counties where Black children comprised 5-10% of the population. The visibility hypothesis stipulates that the rates of out-of-home placement of children of color will be higher in locations in which the proportion of individuals of color is relatively small (Jenkins & Diamond, 1985, 272). Their study found that Black children were twice as likely to be placed in foster care in counties where Black children comprised a small proportion of the total population when compared to counties where Black children comprised the plurality or majority (Jenkins & Diamond, 1985; Garland et al., 1998; Barth et al., 2001). Other studies substantiate race as a factor in influencing placement decisions. Latino children were found to be placed into and spend longer periods of time in out-of-home placements than White children (Church, Gross & Baldwin, 2005). Black children are also more often placed out-of-home, less likely to be reunited with family of origin, and more likely to be placed in foster care than children in comparable White families (Bowman et al., 2009; Lu et al., 2004; Hill, 2004). Race not only seems to affect out-of-placement decisions but also the quality of resources given to Black caregivers: Once in foster care, Black caregivers are less likely than White caregivers to receive equitable economic and special services resources (Hill, 2004).

Racial Disproportionality in Treatment Services

Racial biases can also affect the services provided to youth in the child welfare system who have mental health diagnoses. Garland and Besinger found that Black foster youth are the least likely to receive court² orders for mental health treatment and were less likely to receive mental health services, even though the rate of diagnosis and presence of a mental health disorder was comparable to that of White youth. In care, more White children consistently use mental health services at higher rates pre- and post-removal than Latino and Black children, with the most notable racial difference in the use of counseling and psychotherapy (Garland & Besinger, 1997).

² "Court" here refers to a juvenile dependency court. See, e.g., <https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>

However, the study does not suggest that youth of color have less need of these services. Rather, the study suggested that cultural barriers may exist: for example, Latino children and families may be less likely to use mental health services because of the presence of a language barrier. By breaking down cultural barriers, judges, practitioners, and caseworkers can get a better understanding of a child's need and recommend services appropriately.

Conclusion

The existing body of research shows that racial disproportionality exists throughout the child welfare decision-making process and manifests in the following ways:

- (1) *Referral & Investigation:* Black families are overreported for suspected maltreatment;
- (2) *Substantiation:* Caseworkers are more likely to substantiate abuse and remove a child in cases involving neglect (disproportionately involve Black families) than those of physical and/or sexual violence (disproportionately involve White families);
- (3) *Removal & Out-of-Home Placement:* Black and Latino children are more likely than White children to be removed and placed into out-of-home care and less likely to receive treatment services.
 - a. *Foster Care Placement:* Black children are more likely to be placed into foster care, while Black caregivers receive less than equitable economic and social resources to help support the child;
 - b. *Treatment Services:* White foster youth are more often referred to seek mental health treatment. Upon referral, they are also more likely to be diagnosed and treated for a mental health disorder.

While the existing research highlights racial disproportionality among similarly situated families, it does not claim that implicit racial bias plays a direct causal role. It does, however, confirm that racial bias plays some role in the decision-making process and suggests the possible points at which racial bias can take effect. It also opens the door for future research that might investigate the various ways caseworkers, juvenile court judges, medical practitioners, and other professionals involved in the child welfare system unconsciously rely on racial and cultural biases when determining case outcomes. Given the large number of individuals who have discretion throughout the child welfare process—the judge, State's Attorney, child welfare worker, treatment providers, and referral source—further research is needed to determine how to avoid racial bias impacting those discretionary decisions.

CHAPTER 2: Implicit Bias and Education

Contrary to popular belief, research has found that exclusionary discipline policies are largely ineffective. In 2006, the American Psychological Association reviewed ten years of research relating to hyper-punitive school policies and concluded that zero tolerance policies can actually increase undesirable behavior without creating a safer learning environment (American Psychological Association Zero Tolerance Task Force, 2008). In addition to their inefficacy, teachers are more likely to refer Black students for detention, suspension or expulsion for the same infractions of school regulations as their White counterparts (Hill, 2004; Smith & Chunn, 1989). Black and Latino students are also over-referred for behavioral problems and recommended for special education. The disproportionate disciplinary and special education outcomes for students of color create a two-track system: the “disciplinary track” and the “special education track.” After the initial point of teacher referral, students of color are either (1) placed along the “disciplinary track,” where they are subject to harsher disciplinary sanctions, or (2) the “special education track,” where they are placed into restrictive special-education classrooms.

For students of color, neither the “disciplinary track” or “special education track” result in meeting their educational needs. Consequently, both tracks make it more likely that students of color will be displaced out of school and into the juvenile justice system (Cobb, 2009). The following research outlines the decision-making points along both tracks and shows that the key decision-making point is the teacher’s initial perception of student behavior. It also demonstrates that recommendations for harsher disciplinary outcomes and placement into special education for students of color are largely based on loose, subjective criteria, leaving ample room for teacher and administrator biases to affect decision-making. This overview suggests that implicit racial biases account for the overrepresentation of students of color in exclusionary discipline and restrictive special education placements.

Overview

The “school-to-prison” pipeline begins with the teacher’s initial perception of student behavior. The teacher can choose to address the behavioral problems in the classroom, or seek administrative help by either referring a student for harsher disciplinary sanctions or recommending special education placement. The administration can then choose to disregard or uphold the teacher’s recommendation; however, the administrator is often making this decision in heavy reliance on the teacher’s reported perception.

Disciplinary Track & Racial Disproportionality

Behavior Perception

Most of the research shows that the greatest predictor of whether or not a student will be placed onto the “disciplinary track” begins with the initial assessment of student behavior. Downey and Pribesh found that White teachers typically rate Black students as poorer classroom citizens than White students, exhibiting more externalizing problem behaviors, and demonstrating fewer approaches to learning skills. The negative evaluation of Black students, however, is restricted to Black student-White teacher relationships. In fact, when Black teachers were asked to evaluate student behaviors, they rated Black students as exhibiting fewer problems than White students (Downey & Pribesh, 2004).

Another study showed that teachers’ racial identity mattered only because White teachers are more likely to harbor pro-White racial tendencies. In this study, only White teachers with less sophisticated racial identity statuses (either more-racist or more prone to idealizing White values) perceived more externalizing behaviors and were less successful at contextualizing behaviors; teachers with more sophisticated racial preferences were less likely to misconstrue these behaviors as “rude, disrespectful, threatening, or troublesome” (Chen, 2013, 104).

Racial bias can affect teacher perception even before teachers enter the classroom. Research literature shows that the prevailing perception of Black males as threatening and troublesome lead educators to enter a classroom with the mindset of controlling student behavior. This in turn leads to unnecessarily severe disciplinary sanctions, such as the implementation of zero tolerance policies (Monroe, 2005). In some cases, school discipline policies were used to preemptively label primarily Black and Latino students as potentially dangerous, who were then removed and placed into alternative schools (Casella, 2003).

The preexisting assumptions associated with students of color points to a belief that students of color lack “cultural capital,” a term referring to an individual’s awareness of certain cultural tastes, skills, preferences, and knowledge (Morris, 2005, 26). According to this theory, schools must preemptively tailor their disciplinary policies accordingly or exercise discipline policies incongruently to elevate some students’ understanding of acceptable social practices. The “cultural deficiency” bias also extends to schools’ administration of bodily disciplinary policies, specifically designed to teach culturally appropriate dress and punish culturally incongruent behavior. One study found that educators viewed the behavior of Black female students as “unlady like” and attempted to discipline them into more gender appropriate dress and manner. The ubiquitous use of the phrase “tuck in that shirt,” “act like a lady,” and statements reprimanding “hoochie-mamma” clothing illustrate the educators’ emphasis on bodily discipline and an adherence to socially appropriate dress and mannerisms (Morris, 2005, 32). Concern over dress and behavior also extended to Latino boys, who were viewed as especially threatening and often received strict, punitive disciplinary sanctions as a result. Notably, such statements were rarely addressed to White and Asian American students, whom officials assumed required little to no guidance in

behavior or dress (Morris, 2005). Race and gender were also significant predictors of when corporal punishment was used, rather than frequency and severity of rule violations (Shaw & Braden, 1990). Black males were by far the most frequent recipients of corporal punishment (Gregory, 1995). Though corporal punishment was rarely used, when used, school officials send the message that a student's behavior is culturally incongruous to the point that that his or her body requires physical punishment. The research shows how racial biases influence bodily discipline policies, and suggests that the same racial biases influencing bodily discipline policies also influence the application of exclusionary discipline policies.

Office Referral

Educators who may unconsciously perceive Black students to be more belligerent than White students are more likely to refer Blacks for detention, suspension or expulsion (Hill, 2004). Disproportionate representation in office referrals is present in both elementary and middle school (Skiba et al., 2011). In elementary schools, Black students were more than two times as likely to receive at least one disciplinary referral compared with students of other races and are more likely to receive more disciplinary reports in total (Skiba et al., 2011; Roque & Paternoster, 2011). In middle school, Black students are almost four times as likely to be referred to the office for behavioral problems (Skiba et al., 2011).

Some suggest that knowledge of student's past behavior, as opposed to race, was the strongest predictor of punishment (McCarthy & Hoge, 1987; Okonofua & Eberhardt, 2015). This seems to indicate that racial bias is located most strongly at the teacher's perception of externalizing behavior. However, this does not account for why, even after holding disruptive behavior as a constant, Black students were still more likely than Whites to receive a disciplinary report by teachers (Roque & Paternoster, 2011). The research suggests that racial bias does seem to influence both teacher referral rates, teacher recommendations to administrators and administrative decisions.

Removal

Race/ethnicity similarly affects administrative decisions. Both Black and Latino students are more likely than White students to receive expulsion or out of school suspensions as consequences for the same or similar behavioral problem as Whites (Skiba et al., 2011). Moreover, the rate at which Black students received suspensions increased significantly (by ten) from elementary to middle school (Mendez & Knoff, 2003). In addition, Black male students are overrepresented in suspensions in almost all infraction types, except for suspensions involving substance and weapons possession (Mendez & Knoff, 2003).

Race not only seems to account for the increased likelihood that students of color will receive harsher disciplinary sentences and be removed from school, but also accounts for the disproportionate application of referral and removal criteria. While Black male students are at the greatest risk for suspension, the reasons for suspension are unclear (Mendez & Knoff, 2003). Contrary to popular belief, disproportionality in suspension does not reflect higher rates of disruptive behavior among Black students (Skiba, Michael & Nardo, 2000). Perhaps the lack of explicit criteria that prescribes when exclusionary discipline policies should be enforced exacerbates the racial biases undergirding teacher perception, and ultimately fuels the “school-to-prison” pipeline by funneling referred students out of the classroom. One study found that a teacher expelled a Latina student from the classroom for being disruptive, despite the fact that she was asking the teacher a question on behalf of the class (Vavrus & Cole, 2002). Students from this study commonly cited: “They [teachers] get frustrated at the class and whoever is the last person to talk, oh there you go, bye bye... You know you not going to say the last word. You’re going to get sent out!” (Vavrus & Cole, 2002, 104). Here, the study found that a teacher’s decision to remove a student from the classroom is a highly contextualized decision vulnerable to racial prejudices and inadequately constrained by school discipline policies.

Special Education Track & Racial Disproportionality

While much of the discussion on racism focuses on the role negative out-group bias against Blacks plays in creating racial disproportionality, some studies show that racial biases are internalized by people of color and exhibited against members of their own race. For instance, Black teachers are also found to exhibit aversively racist “double standards” in the differential treatment of Black and White students in special education placement (Hill, 2004, 22). Black students are more likely than White youth to be labeled as “mentally or educationally” retarded and assigned to special education. They are almost three times more likely to be identified as mildly mentally retarded and almost two times more likely to be identified as seriously emotionally disturbed (Oswald et al., 1999). This internalization of racial biases shows that discrimination can occur on such a deep, subconscious level that one can harbor aversive racist feelings towards someone of the same race.

Nevertheless, most research focuses on out-group bias, where teachers exhibit a tendency to refer students of different racial/ethnic groups for special education rather than their own (Maynard, 2012). A common explanation as to why teachers will typically refer students who are not of the same race to special education is that teachers exhibit in-group bias to students from their own racial/ethnic group or have a better understanding of student behavior when the student is of their own racial/ethnic group (Tobias et al., 1982).

The principle that a teacher can better understand the behavior of a student with the same racial/ethnic background could answer why Black male students are

overrepresented in special education. Specifically, teachers who are unable to reduce the difference quotient between themselves and their Black students are less likely to understand Black cultural codes, and subsequently rely on racial stereotypes to understand behavior. One study found that teachers perceived students with Black culture-related movement styles as lower in achievement, higher in education, and more likely to need special education services (Neal et al., 2003). Teachers who were unaware of ritualistic cultural codes could over-identify Black students as needing special education. Sherwin elaborates on this by stating:

“Because people co-create and maintain ethnic culture as a function of identity, verbally aggressive greetings and ritualistic mock-battle greeting aggressiveness among males will be seen as discrete cultural communication codes among the African American participants. The data from this study clearly show that the goals and motivations for aggressive greetings and mock-battle greeting operations have manifest communicative intent and do not carry intention to harm. However, the operation can easily be misunderstood by others” (Sherwin & Schmidt, 2003, 50).

Teachers with a limited cultural vocabulary are forced to borrow from another lexicon that prescribes appropriate responses when faced with cultural codes and behaviors they do not understand. It is possible that teachers bridge the cultural knowledge gap by tapping into their own unconscious and act according to their preexisting assumptions about another racial group. Thus, a teacher can be cultural-sensitive yet still allow racial biases to affect his or her decision-making because that decision-making is contingent on his or her breadth and depth of cultural competency.

Conclusion

The research defines the racial biases against students of color and how this manifests in the application of various school policies. Specifically, it shows that the lack of explicit criteria determining what behaviors are subject to harsher discipline and how context should inform disciplinary decisions creates a gap where teachers might rely on preexisting assumptions about specific racial groups to understand student behavior, sometimes even before a student steps into the classroom. They respond to the cultural dissonance created by a lack of cultural competency by falling back on implicit assumptions about their students, resulting in students of color receiving harsher disciplinary sanctions and being placed in restrictive special education.

CHAPTER 3: Implicit Bias and Mental Health Treatment

In exploring the possible factors role of racial bias in mental health treatment, research points to a two-track system that results in worse mental health treatment for youth of color. Despite similar symptoms and primary diagnoses between White youth and youth of color, youth of color are more likely to be diagnosed for behavioral disorders and prescribed psychiatric medication. At the same time they are less likely to receive counseling and psychotherapy, and spend less time in care. The following research studies will identify the presence of a “dual-track system” and demonstrate that race plays a role in creating disparate outcomes for children of color.

Overview

Racial bias within mental health treatment is seen along two tracks: a “non-diagnosis” and “diagnosis” track. The two-track system results in inadequate treatment for youth of color by either 1) leaving symptoms undiagnosed and untreated, which increases the likeliness that the child will end up in the juvenile justice system; or, 2) creating a “revolving door” phenomenon where children who are diagnosed receive more and more restrictive placements, eventually often including incarceration.

Many youth of color, and particularly those involved in the juvenile justice system, are placed along the “non-diagnosis” track. Their symptoms are either left undiagnosed or mischaracterized as delinquency as opposed to a mental health disorder. When diagnosed, children of color are more often diagnosed with behavioral and psychotic disorders, which are typically treated with medication rather than therapy. Children of color also receive different levels and types of care when compared to their White counterparts. They are more likely to receive inpatient versus outpatient care, stay in care for shorter periods of time, and be placed in correctional facilities instead of mental health hospitals.

“Non-Diagnosis” Track & Racial Disproportionality

The disparity in mental health disorder diagnoses and treatment can be explained in a number of ways. First, the fact that clinicians make fewer judgments of mental health disorders for Black patients could be a result of the fact that they simply judge Black patients to exhibit fewer severe symptoms (Gushue, 2004). However, what appears to be a favorable evaluation for the client of color could be a reflection of racial stereotypes that hold people of color to lower standards. Thus, the meaning of the evaluation is synonymous with “healthy for a Black person” (Gushue, 2004, 403). Secondly, the disparity in judgment of mental disorder could result from clinician’s differing interpretations of similar behavior depending on race. Pottick found that clinicians depended on contextual information in determining mental illness, where an overwhelming number judged mental disorder if the behavior appeared to be a result of internal dysfunction but not if it was a result of harsh environmental conditions. Thus,

he hypothesizes that clinicians' implicit biases about Black individuals causes him to assess similar behavior differently, consequently judging White youths as having a mental disorder (and recommending treatment) but characterizing youth of color as delinquents (directing them to the juvenile justice system) (Pottick, 2007).

In the juvenile justice system, a significantly higher proportion for White youth were diagnosed with mental health disorder, while only a very small proportion of Black youth received referrals for mental health services (Janku & Yan, 2009). Instead, Black adolescents were overwhelmingly sent to the local correctional facility, while White adolescents who exhibited the same level of psychopathology and violent behavior were referred to the area's mental health hospital (Lewis, Shanok & Pincus, 1982; Lewis et al., 1980). Research shows that demographic variables, as opposed to psychological/psychosocial measures, were most predictive in determining whether youths would enter the juvenile justice or mental health system, with ethnicity being the most indicative factor (Westendorp et al., 1986).

“Diagnosis” Track & Racial Disproportionality

When youth of color are on the “diagnosis track,” they nevertheless receive disparate diagnosis, treatment, and care outcomes. While scholars disagree on how specifically race influences mental health diagnoses and services, many agree that racial biases create racial disproportionality in the mental health service system.

Even after controlling for socio-demographic factors, race influences mental health diagnoses. Black and Latino children are more likely than White children to be diagnosed with disruptive behavioral disorders and conduct related problems (Nguyen et al., 2007; Cameron, 2002). However, the sensitivity and specificity of the conduct disorder diagnosis with respect to youths' externalizing behaviors was found to be “poor, close to random, or not uncommonly, negative” (Cameron, 2002, 91). In other words, the diagnosis had no rational relationship to the exhibited externalizing behaviors. Black children are also more likely to be diagnosed with schizophrenia or other psychotic disorders, despite exhibiting the same level of psychopathology and violent behavior. Whaley hypothesizes that psychotic disorder diagnoses are predicated on the stereotype that Black individuals are violent and therefore require more severe diagnoses and restrictive interventions. Because clinicians make assessments based on their interpretation of the patient's behavior, their diagnoses could be a series of subjective reports undergirded by their own implicit prejudices against Blacks. Racial biases also influence clinicians' treatment recommendations. When psychiatrists were presented with identical patient data except for race, the Black patient was deemed less able to benefit from psychotherapy because he was “less articulate, competent, introspect, self-critical, sophisticated about mental health centers, and psychologically minded” (Geller, 1988, 124).

Racial disparity in mental health diagnoses is especially troublesome because an individual's diagnosis affects treatment recommendations, access to therapy, and levels of care. Patients diagnosed with psychotic disorders (disproportionately Black) are more likely to be treated with medication rather than therapy and are less likely to receive outpatient treatment. Instead, these patients receive inpatient treatment and Black patients are underrepresented in private mental facilities and overrepresented in public mental health institutions. Racially informed diagnoses create a “revolving door” problem because Black patients are simultaneously turned away from the care they need and, when offered treatment, are only offered medication and institutionalization.

Socioeconomic Factors and Racial Bias

Some research indicates that socioeconomic status is a more accurate indicator of mental health treatment and care. One study used sources of funding for youth's mental health services—private insurance or state insurance—to conclude that the disparity in mental health outcomes of youth is due to socioeconomic factors. Researchers found that privately-insured youth who are hospitalized in private facilities are predominantly White. In contrast, publicly-insured youth are less frequently hospitalized in private facilities and general hospitals, but overrepresented in state or county facilities. Privately-insured youth also stay a significantly longer time in care (Mason & Gibbs, 1992). Surprisingly, while the primary diagnosis of the majority of both publicly- and privately-insured youths was affective disorder (mood disorder), publicly-insured youths were significantly more likely to be subsequently diagnosed as having a behavior disorder while privately-insured youth were more likely to be diagnosed and treated for substance abuse (Mason). Patients diagnosed with behavior disorders received shorter-term hospital stays.

Implicit racial bias may not be the sole cause of disparity between privately-insured and publicly-insured youth, but it may still be a significant factor insofar as race is predictive of sources of funding. Research showed that Black adolescent (50%) Black patients are significantly more likely to be publicly-insured than their White counterparts (22.4%) (Mason & Gibbs, 1992). The result is a “two-tier system” in which “uninsured low-income and minority adolescents with serious psychological or behavioral problems tend to be ‘handled’ by the juvenile justice system, while middle-class and White adolescents tend to be ‘treated’ in the mental health system” (Mason & Gibbs, 1992, 447).

Conclusion

The existing body of research shows that racial bias operates on two tracks in the mental health system. At the onset, many children of color are less likely to be diagnosed and treated for mental health disorders (Mason & Gibbs, 1992; Pottick et al., 2007). Even when presenting similar symptoms and receiving preliminary diagnoses, children of color are nevertheless subject to disparate treatment. Ethnicity has found to

be a significant predictor of behavioral disorder diagnoses, prescription treatment, decreased odds of receiving therapy, reduced length of stay in care, and outpatient care. It is also the only variable that predicted site placement, with Black youth more likely to be in a correctional placement and White youths in a psychiatric hospital (Cohen et al., 1990).

However, further research is necessary to determine what causes a two-track system in the first place. Specifically, researchers should aim to identify the presence of and the extent to which racial bias plays at two key decision points: 1) whether or not a child should receive mental health treatment; 2) what kind of diagnosis and treatment should be prescribed. Furthermore, future research should study the factors that influence differing diagnosis and treatment for patients of color who nevertheless face similar symptoms to White patients.

CHAPTER 4: De-biasing

Research shows that the racial disproportionality in public systems may be a byproduct of the lack of cultural understanding between key decision-makers and youth or families of color. Addressing this disproportionality requires increased cultural understanding and targeted, appropriate services for youth of color.

Most research prescribes data collection and analysis to better assess the needs of at-risk youth. For example, implementing a Multicultural Assessment-Intervention Process model can be used at various points in the assessment-intervention process to emphasize the relevance of assessment instruments, increase the reliability and accuracy of clinical diagnoses, and foster the use of more credible and beneficial intervention services (Dana, 2002).

In schools, early intervention programs can ensure that students of color can receive appropriate educational services without special education placement. One study researched the efficacy of a two-pronged intervention program that teaches youth social-cognitive skills based on the principles of cognitive behavioral therapy (CBT) and provides intensive individualized academic remediation. Participation alone reduced course failures by approximately 66% in both math and non-math classes, increased preparedness for graduation by nearly one-half, and showed large gains in math test scores (Cook et al., 2014). Prevention and intervention programs can help by identifying at-risk children, addressing their academic and emotional needs, and eventually putting them back on the path to educational success (Skiba & Rausch, 2006). They can also minimize the negative effects of educators' biases by serving as an intermediary step between referral and removal (Proctor, Graves & Esch, 2012).

Most research suggests that bridging the cultural gap is the next crucial step to addressing the racial disproportionality in public systems. Patients exhibited a moderately strong preference for a therapist of one's own race/ethnicity. While the racial/ethnic matching of client and therapist was found to be more relevant to the cognitive heuristics of preferences for and perceptions of therapists than to average effectiveness of therapy (Cabral & Smith, 2011). However, some do find that quality of care increases, where patients served by ethnically-matched therapists stay in outpatient treatment longer and use less day treatment service, a more intensive level of care (Jerrell, 1998). In the child welfare system, reflective decision-making³ training (an implicit and institutional bias training intervention), coupled with the benchcard tool⁴, was associated with less home removal and fewer non-relative foster care placements (Russell & Summers, 2013). The use of cultural competency staff training

³ "A process to collect information relevant to a decision-making problem, to think deliberately and carefully about possible solutions, then to examine other alternative solutions, and finally to reflect upon both the process and the outcome in terms of what went right and what went wrong" (Paternoster & Pogarsky, 2009).

⁴ "A practical tool to guide hearing practice; provide ready reference to relevant laws and accepted practices to ensure the judge is conducting a thorough hearing, providing effective due process, providing opportunities for engagement in the hearing, and issuing and enforcing appropriate and comprehensive court order" (Russell & Summers, 2013).

and cultural consultants can form closer ties with local communities and improve child welfare services for all children (Bowman et al., 2009).

In schools, culturally-responsive discipline policy that values, rather than attempts to reform, marginalized forms of behavior and appearance can avoid pushing away students and reproducing the very inequalities that educators aim to break (Morris, 2005). The most commonly identified factor that accounts for negative perception of students of color is teacher inexperience. Inexperienced teachers often misunderstand student behavior to be disruptive or disrespectful. By recognizing the cultural factors that affect student behavior, teachers can better understand the difference between when a student is acting out or acting outside the realm of the teacher's norm.

Schools can aid teachers in their quest in categorizing student behavior by questioning school policies related to behavioral expectations. For instance, when students sit improperly, teachers may perceive this as a sign disrespect or disengagement, despite the fact that the student in question might be intensely involved in the given academic task (Townsend, 2000). Teachers can adopt culturally-relevant classroom management and instruction techniques that create positive environments and promote physical movement (Lewis et al., 2010; Townsend, 2000). Teachers can also create deeper interpersonal relationship with students by becoming a "cultural" broker who teaches language as a setting-specific skill and facilitates code switching and elevating their own expectations of their students' learning outcomes (Townsend, 2000). Providing professional development and creating a discipline team representative of the community can create responsive, cultural competence training that will help teachers better teach and understand their students (Fenning & Rose, 2007; Monroe, 2005). Combined, teachers and administrators can work together to break the systemic and sociocultural factors that perpetuate societal disproportionality for students of color.

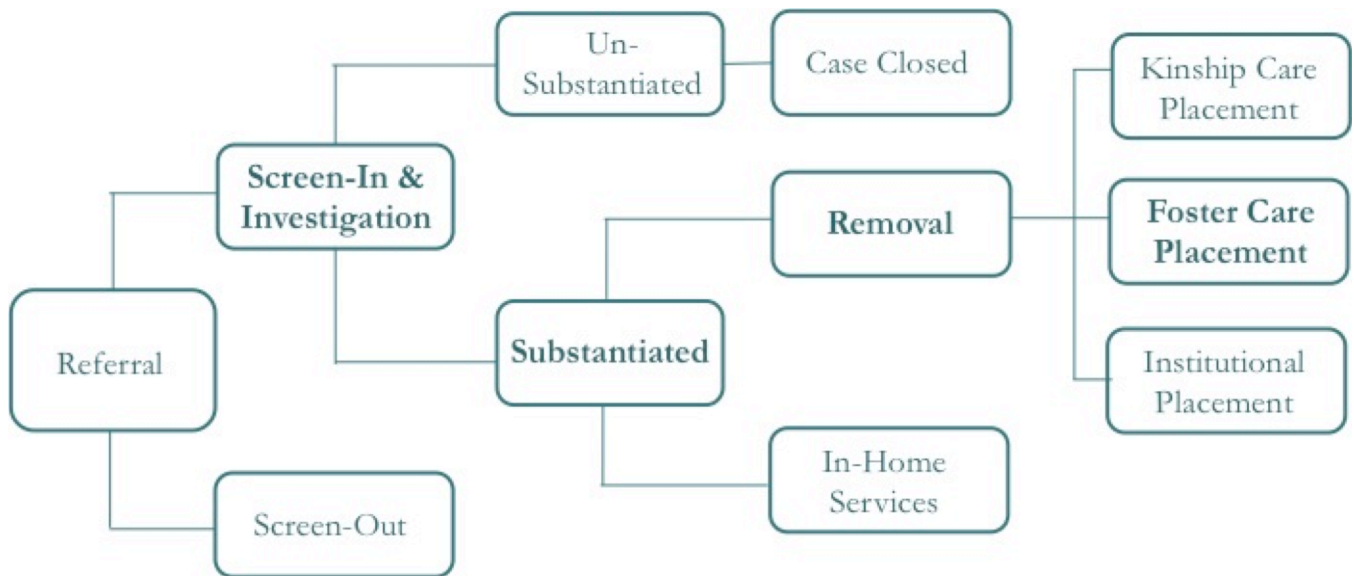
CHAPTER 5: Conclusion

The research shows that racial disproportionality exists at almost every stage within the child welfare, education and mental health systems. In the child welfare system, cases involving children of color are more likely to be screened-in, investigated, substantiated, and recommended for out-of-home placement. In schools, students of color are more likely to be referred for disciplinary sanctions and receive harsher discipline sentences, even when exhibiting similar behavior as their White counterparts. They are also more likely to be placed in restrictive special education. Youth of color are less likely to be diagnosed with and treated for a mental health disorder. When diagnosed, their symptoms are more likely to be diagnosed as behavioral or psychiatric disorders, and consequently treated with prescription medication as opposed to therapy.

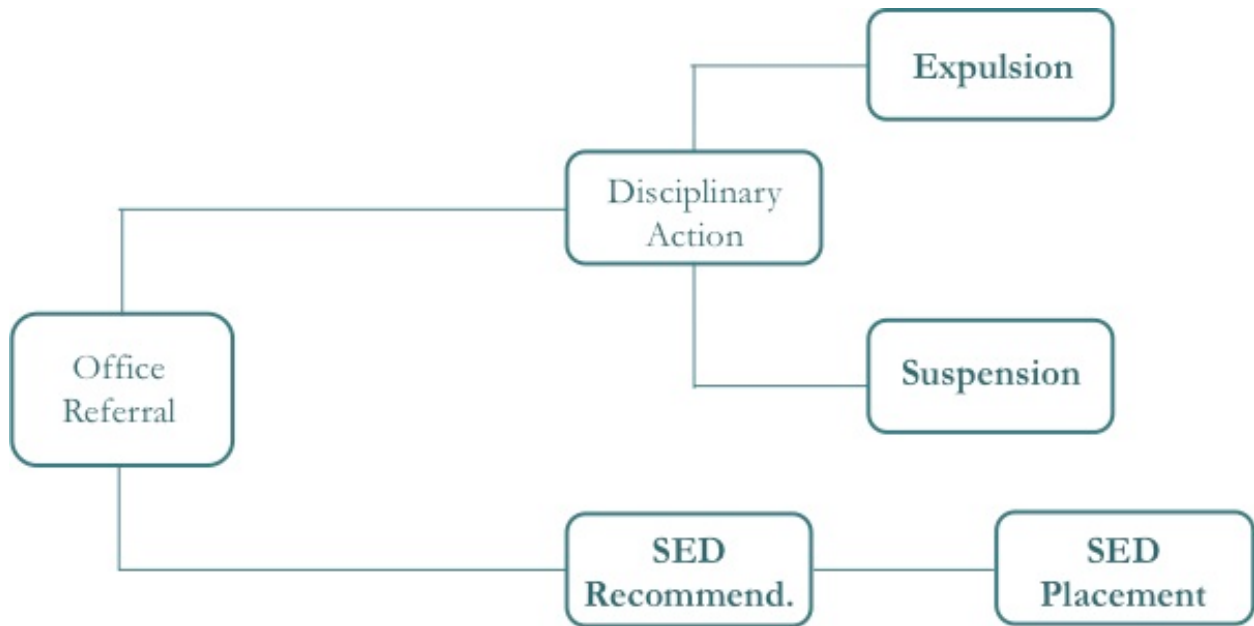
The research questions the objectivity of the criteria used for evaluation in these systems. In the child welfare system, caseworkers must rely on their judgments when assessing for “maltreatment.” In school discipline policies, teachers can interpret externalizing behavior in a variety of ways, which for students of color typically involves greater office referrals and expulsion/suspension sentences. In the mental health system, even when practitioners are faced with similar symptoms, they nevertheless provide different diagnoses depending on the race/ethnicity of their patient. Practitioners and juvenile judges who believe that children of color and their families are less likely to use or benefit from therapy will prescribe different treatment recommendations for non-White patients.

Because these decision-making criteria are not as objective as they appear, caseworkers, teachers, and clinicians must necessarily rely on something other than those criteria when making an assessment or recommendation. However, more research must be done before researchers can directly cite racial bias, let alone implicit bias, as a causal factor of all racial disparities in these systems. Future research should focus on the role of implicit bias in these decision-making points. Specifically, research studies should assess whether or not decision-makers unconsciously rely on their preexisting assumptions about youth of color and their families in the evaluation process. In all three of these systems, special attention should be given to how key decision-makers assess youth behavior. While key decision-makers could explicitly hold negative stereotypes about youth of color and their families, the more likely case is that decision-makers will self-report high levels of egalitarian beliefs but still judge the behavior of youth of color to a different standard than that of White youth. Future research could help expose how preexisting assumptions about families of color accounts for differing recommendations for youth of color whose behavior is similar to White children. In turn, this might account for the overrepresentation and poor outcomes of children of color in all three systems and the resulting overrepresentation of youth of color in the juvenile justice system.

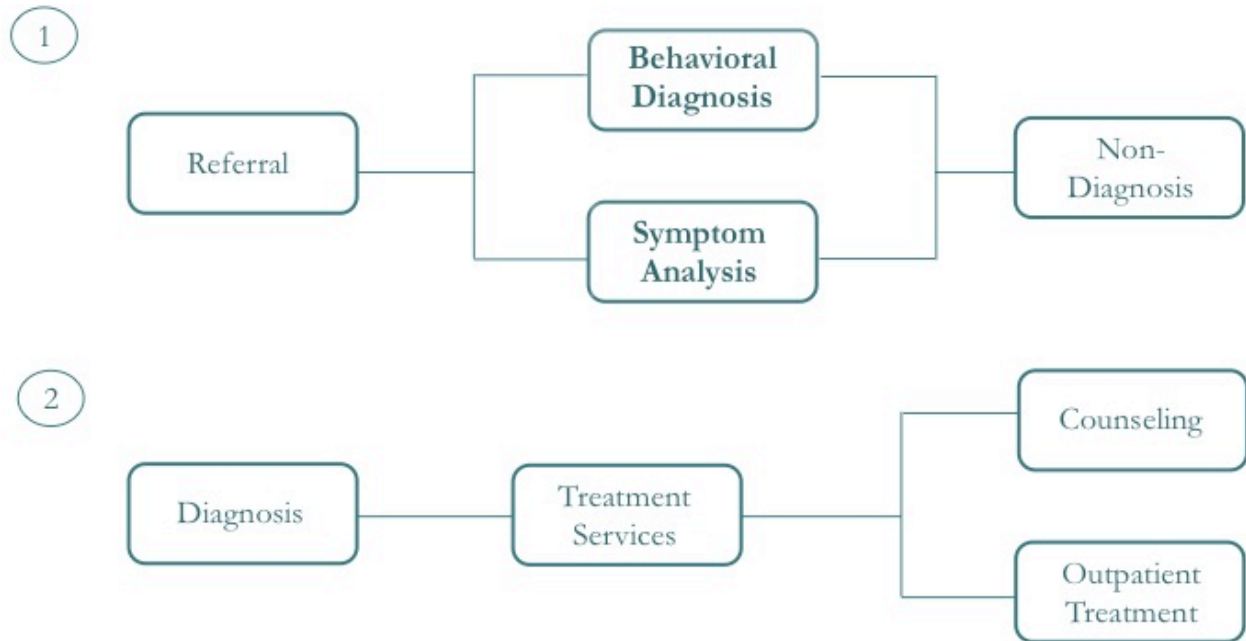
APPENDIX A: Child Protective Services Decision-Making Map



APPENDIX B: School Decision-Making Map



APPENDIX C: Mental Health Decision-Making Map



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