School-Based Mental Health Services for Racial Minority Children in the United States

Introduction

In the United States, about one-quarter of the child population are racial minorities, those who belong to racial/ethnic groups other than Non-Hispanic White (Federal Interagency Forum on Child and Family Statistics, 2014). Racial minority children are more likely to experience food insecurity due to poverty and are being exposed to higher rates of violence in their communities and at home (Alegria, Vallas & Pumariega, 2010). Therefore, they are more likely to have mental health problems such as anxiety and depression (Alegria, Jackson, Kessler, & Takeuchi, 2009; Weems et al., 2009). Racial minority children are particularly vulnerable if they are from low-income backgrounds (Wang, Haberland, Thurm, Bhattacharya, & Park, 2015; Woodley, 2019). For example, about 30% of Mexican American children are from families with income below the poverty line, and half of Mexican American are from families at 150% below the poverty line. They represent the minority population which is disproportionately at risk for social, financial, and educational problems (Hernandez, 2004) and mental health problems (e.g., depression) (Lynch, 2003; Margolin & Gordis, 2000; Santiago & Galster, 2014).

Historical Background of Racial/Ethnic Populations in the United States

Compared to other racial ethnic groups, *Black people* have a distinctive historical background since their ancestors came to America against their will. During the 17th century, many Black people had worked as slaves for labors and plantations in colonial America (Barusch, 2015). Even though the American Revolution between 1765 and 1783 brought a new concept of freedom and equality, the freedom and equality, and the Declaration of Independence did nothing to grant freedom to the slaves (Barusch, 2015).

With the least economic investment in slavery, legislatures enacted laws to restrict or abolish slavery in several states, mainly in Northeastern states. However, Southern leaders, who saw Black slavery as a prerequisite to White freedom, kept the notion of property rights, arguing that the government had no right to deprive them of their slaves. Although the Civil War (1861-1865) brought an end to slavery, it was a war of independence for the South and Union for the North, and President Lincoln freed slaves in Southern states. The North's victory brought the end of slavery (Barusch, 2015). During the postwar period, it was hard to enforce racial equality. Southern landholders who controlled county and state governments passed Jim Crow laws beginning in 1888, which declared Black people could not be seated with Whites on railway cars. These laws also enforced racial segregation in public facilities. State and county laws also established other oppressive practices such as convicting leasing, segregated schools, and voting restrictions (Barusch, 2015).

With several progressive movements for equality, the New Deal offered provisions to maintain racial privilege; the Social Security Act of 1935 also led many Black workers to get jobs predominantly, additionally the Wagner Act of 1935 established the right of unions revised to prevent racial exclusion (Barush, 2015). Finally, the Civil Rights Act of July of 1964 outlawed race-based discrimination in public accommodations, employment, voting, and schools. This legislation is considered the most progressive law for achieving racial equality in America (Barusch, 2015).

While other European countries colonized the northeastern region of America, the Spanish government built its colony in the southwestern region and in Mexico. The Spanish encouraged the settlement of California, which led the establishment of Mexican presence in California and the Southwest by the late 18th century (Barusch, 2015). As the numbers of American immigrants increased, their intent to claim territory became clear, and Mexico outlawed American immigration. However, Americans continued to arrive in violation of Mexican law. This population growth lasted until the Mexican American War in 1836, and the first battle broke out in Texas where the Mexican government had outlawed slavery. U.S. control over Texas made Mexican and Spanish life difficult in this region (Barusch, 2015).

The 'Greaser Act' in California declared Spanish and Indian people as "not peaceful and quiet" and subject to imprisonment. This act also forced a tax for all Spanish-speaking miners, which was used to reduce their political participation. With other similar policies, Mexicans in California and the Southwest lost their property and their social status. Mexican workers experienced discrimination and were systematically paid less than White Americans (Barusch, 2015). There was also educational tension for Chicano children. White employers restricted access to education to maintain cheap labor supply. Therefore, this idea conflicted with Mexican parents who wanted their children to be educated. As a result, many districts gave restricted educational opportunities to Chicano children learning technical and domestic classes only and built separate schools for them similar to those which Black children attended in the segregated South (Barusch, 2015).

Besides Mexicans, Latin American immigrants—primarily composed of people from Puerto Rico, the Dominican Republic, El Salvador, and Nicaragua—have increased the diversity of the U.S. Hispanic population. Many of them have fled political instability caused by the collapse of regimes that were supported by the United States. (Barusch, 2015).

Asian immigrants came across the Pacific in response to the demand for labor in the expanding economy of the Western United States. The Chinese came first to California before the Gold Rush of 1849. After, many Japanese also immigrated to the United States. However, their emigration status was different from that of Chinese immigrants in that the Japanese government carefully managed and protected their people. Since then, people from Korea, the Philippines,

and other Asian and Pacific Islands came in smaller numbers (Barusch, 2015).

Socio-Political Factors Impacting Race/Ethnic Populations

Despite a drop in the mid-1990s, the number of poor citizens increased from 9.9 million in 2009 to 10.7 million in 2010. The poverty rate for Black people was 27.4% in 2010. Black poverty rates continued to grow and became much higher than for non-Hispanic Whites. In 2011, 28% of Black households were married. In 2010, 41% of Black households were run by a single female with no husband and they were likely to live below the poverty line (Karger & Stoesz, 2014).

Discrimination against the Black community continues to grow in employment and wages. Although laws and regulations address the problems caused by racial discrimination and try to correct them in employment, Black people still go through wide-spread discrimination within those sectors. Especially after the 2007 recession, Black people and other minorities have experienced economic hardships. For instance, as opposed to White unemployment, which rose from 8.6 to 8.7% from 2009-2010, Black unemployment went up from 15.6 to 16.3%. Black unemployment rates were almost twice that of Whites, reflecting significant inequality in the labor force (Karger & Stoesz, 2014).

Black communities run into discrimination in income and education. In 2011, White males with an advanced degree earned $733 a week as opposed to Black males at $520 a week despite both racial male groups having earned the same level of degree. Even though there were no significant differences in high school completion rates between Black and White students, college completion rates significantly differ between the two racial groups. In 2009, 51% of Whites enrolled in higher education as opposed to 41.5% of Blacks. Thirty percent of Whites aged 25 and older held a bachelor's degree in 2009 as opposed to 19% for Blacks (Karger & Stoesz, 2014). The highly significant correlation between higher education and higher salaries implied the disparity between Black and White college completion rates and the long-term impact on the economic well-being of minorities (Karger & Stoesz, 2014).

Even though the Hispanic population in the United States makes up a high portion of the American population, this group has high levels of economic and health disadvantages (Barush, 2015). The poverty level of the Hispanic American population has increased since 1980. Even though the conditions for Latinos have improved in recent years, they are still relatively poor compared to Whites (Karger & Stoesz, 2014). For instance, in 2010, the median household income for all households in the United States was $49,445, with the White median household income at $51,846. For Hispanic families, it was $37,759. Around 15.1% of the United States was living below the poverty threshold in 2010. Compared with non-Hispanic Whites at 9.9%, the Hispanic poverty rate was almost triple at 26.6% (Karger & Stoesz, 2014).

The poverty of Hispanic Americans is related to deficits in educational achievement. In 2009, 21% of Hispanics aged between 18 and 24 had never completed high school compared to an 81% completion rate for Whites. In 2010, only 11% of Hispanic Americans earned a college degree or higher compared to 30% of Whites (Karger & Stoesz, 2014). The economic disparity reflects the Hispanic American community in the United States, especially Mexican Americans and Puerto Ricans (Karger & Stoesz, 2014).

While Hispanic Americans have increased their number among elected officials, they are still underrepresented in proportion to their population numbers. Speaking of voting power, there are 21.3 million Latino people eligible to vote in America; however, only estimated 9.7 million voted in the 2008 election. Latino voters already comprise 5% of potential voters in half of all states, and they consist of more than 10% of adult citizens in 11 states. The growth in the number of Latino elected officials and voters is a progressive stage of the political power of the Latino population. However, they still need to raise awareness of voting to successfully influence elections and inner circle of policy (Cardenas & Kerby, 2012).

Even though Asian Americans comprise a high median family income and achieve higher education than other racial groups, they are underrepresented in the higher salaried public and private sectors, and their salaries are likely to be lower than Whites. Even though many Asian immigrants have become successful entrepreneurs and own their own small business, they are forced to do that due to discrimination. In addition, many recent Asian immigrants work in low-wage jobs in urban Chinatowns. Even though many Chinese and Japanese Americans have achieved economic success, Southeast Asians are at higher risk of poverty than Whites (Karger & Stoesz, 2014).

Despite multiple vulnerabilities, the racial minority population has limited access to health and mental care services (Ku, 2007). The Latino population underutilizes mental health services due to barriers such as the stigma attached to using mental health services, and perceived concerns for cultural miscommunication (Rastogi, Massey-Hastings, & Wieling, 2012). Not being able to access mental health services is associated with increased risk for developing chronic disease, higher rate of disability, and even premature death in the long-term (Alegria, Naksh, & NeMoyer, 2018). Therefore, schools are serving as a more accessible channel to provide services and preventative interventions for children, especially those who are marginalized (Cummings, Ponce, & Mays, 2010). Also, School-Based Mental Health Services (SBMS) in the United States has a long history and is considered as a good method to address the financial and structural barriers (Garrison, Roy, & Azar, 1999).

Although numerous SBMS have been developed and provided to racial minority children, few of them were examined for effectiveness (Greenberg et al., 2003). Most studies have been conducted with White middle-class students (Botvin, Epstein, Baker, Diaz, & Ifill-Williams, 1997), excluding racial minority students.

For instance, Sanchez, Cornacchio, Ponzananski, Golik, Choi, and Comer (2018) conducted a meta-analysis to examine the effectiveness of SBMS for elementary school students. They found a medium effect in decreasing mental health problems. However, the study analyzed the effects of all selected programs in general. Therefore, it is unsure whether the well-developed programs were effective specifically for underserved racial minority students (Kataoka et al., 2003).

It is worthwhile to look at how the SBMS address the unique needs of racial minority children. This paper reviews the previous literature on the evaluation research that examined SBMS for racial minority children. The SBMS that the authors intent to review include all types of mental health services targeting racial minority school-aged students (K-12). The focus is on the strengths and weaknesses of these evaluation studies in terms of research rigor and cultural sensitivity. Specific research questions are targeted:

1) What types of SBMHS are available for underserved racial minority children's mental health, and were they evaluated in the literature?
2) Was past research conducted rigorously to provide evidence of the effectiveness of SBMS for racial minority children?
3) Are the existing SBMS tailored to the mental health needs of underserved minority children? Findings from the current study will provide ample information for future research and intervention.

Methods

Study Selection

Electronic databases, including ERIC, PsycINFO, Social Services Abstracts, and Sociological Abstracts, were searched for peer-reviewed journal articles that evaluated school-based services, interventions, or programs for underserved racial minority children. The combinations of the following keywords were included in the search: "school-based," "school social work," "school-based service," "school-based intervention," "school-based program," "school-based treatment," "immigrant," "minority," "school-age," "student," "child," "youth," and "adolescent."

To be included in the review, articles had to:

1) be empirical research papers that tested the effectiveness of school-based mental health services,
2) have racial minority (i.e., Black, African American, Latino, Hispanic, Asian, Native American, and more) children (grades K-12) in their sample as recipients of the service,
3) was published in English and the setting was in the United States,
4) quantitative research papers, and
5) was published in between 1990 and 2020.

The rationale for focusing on studies conducted in the United States was due to differences in the educational system and existence of SBMH in different countries. For instance, there are many countries where school social workers or SBMH do not exist. Therefore, the current study aims to review the previous literature in the context of the United States.

Analysis

The current review applied Jackson's (2009) Levels of Evidence-Based Intervention Effectiveness (LEBIE) to examine the rigor of the study design and evidence of these studies. The levels include:

> *Level 1*, *Superior*: randomization with equivalent control and comparison groups;
> *Level 2*, *Effective*: randomization with comparable control or comparison group;
> *Level 3*, *Efficacious*: non-randomization and nonequivalent control group;
> *Level 4*, *Emerging*: single group pre- and post-test; and
> *Level 5*, *Concerning*: any other research design.

In addition, the present review employed the assessment tools of study quality developed by National Heart, Lung and Blood Institute (NHLBI) to evaluate the internal validity of a study. The ratings include*: Good:* study has the least risk of bias, and results are considered to be valid; *Fair:* study is susceptible to some bias deemed not sufficient to invalidate its results; *Poor:* indicates significant risk of bias.

Besides the effectiveness of the interventions, the current review examined whether the SBMS and the evaluation studies were developed with cultural sensitivity. An analytic strategy of three levels was employed. These levels include:

> (1) *High*: The SBMS was developed for minority children, and the study recruited minority students as sample to evaluate the effectiveness for the target population.
> (2) *Medium*: The SBMS was not developed for minority students specifically, but the study recruited minority children as sample; and
> (3) *Low*: The SBMS was not developed for minority, and the study did not intentionally recruit minority students, but the majority of the study sample happened to be minority children.

TABLE 1: Summary of the characteristics of reviewed studies.

	Study	Program/Intervention	Design LEBIE Scale	Study Quality Assessment Tool (NHLB)	Sample	Measures	Outcomes	Cultural Sensitivity
1	Brondolo, Baruch, Conway, & Marsh, 1994	A multicomponent school-based treatment program for severely emotionally disturbed students	Within group pre- and post-test comparison Level 4: Emerging	Good	41 students (age range: 6-21 years; 88% male; 54% Black, 34% Hispanic)	- Prosocial behaviors - Problem behaviors - Aggressive and disruptive behaviors - Social skills	- Students have deduced their aggressive behaviors. - Students have improved social skills for handling interpersonal conflict.	Low
2	Cardemil, Reivich, & Seligman, 2002	Modified Penn Resiliency Program (PRP): A school-based cognitive-based depression prevention program for low-income minority students	Quasi-experimental with between group pre-, post-test, and follow-up comparison Level 3: Efficacious	Poor	School 1: 49 Hispanic students (23 in intervention and 26 in control groups; mean age: 11.3 years; 55% male) School 2: 106 Black students (47 in intervention and 56 in control groups; mean age: 10.9 years; 56% female)	- Children's Depression Inventory - Children's Attributional Style Questionnaire - Automatic Thoughts Questionnaire - Hopelessness Scale - Perceived Self Competence Scale/What I am Like	- Hispanic students showed significantly fewer depressive symptoms, negative automatic thoughts, and hopeless thoughts; and the effects lasted at 6-month follow-up. - Black students did not report any significance effects.	High
3	Ferrer-Wreder et al., 2002	Making Life Choices Program (MLCP): A school-based intervention for improving youths' developmental domains	Mixed-Methods design: A quasi-experimental design with between group pre- and post-test comparison AND Qualitative assessment Level 3: Efficacious	Poor	92 students (46 in intervention and 46 in comparison groups; mean age: 16.6 years; 50% male; 52% Hispanic, 28% Black, 20% White)	- Life context: Personal Responsibility Measure (PRM) - Skills/knowledge: Critical Program Solving Scale - Attitudes: PRM - Orientations: Identity Style Inventory - Exploration/ commitment: Ego Identity Process Questionnaire - Global impact: Narrative histories	- Students in the intervention group reported improvement in skills/knowledge, attitudes, orientations, and exploration/commitment domains	Low
4	Kataoka et al., 2003	Mental Health for Immigrants Program (MHIP): A trauma-focused and culturally sensitive program	Experimental design with randomization and between group pre- and post-test comparison	Poor	198 Latino immigrant 3rd-8th graders (152 in intervention and 46 in waitlist groups; mean age: 11.4 years; 50% male)	- Exposure to community violence: Life Event Scale - Child PTSD Symptom Scale - Children's	- Students in the intervention had modest reduction in symptoms of PTSD and depression	High

			Level 2: Effective			Depression Inventory		
5	Fox, Rossetti, Burns, & Popovich, 2005	Cognitive behavior intervention for coping skill-building with homework (8-weekly; 1-hour group)	Within-group pre- and post-test comparison Level 4: Emerging	Good	58 Southeast Asian refugee children (24 Vietnamese; 34 Cambodian; 43% male, mean age 10 years)	Children's Depression Inventory (CDI, Self-Report)	- Students found to have decreased depression scores	High
6	Cardemil, Reivich, Beevers, Seligman, & James, 2007	Modified Penn Resiliency Program (PRP): A school-based cognitive-based depression prevention program for low-income minority students	Quasi-experimental with between group pre-, post-test, and follow-up comparison Level 3: Efficacious	Fair	168 students from two schools (mean age: 11.1 years; 50% male/female) School 1: 53 Hispanic students (25 in treatment and 28 in control groups) School 2: 115 Black students (50 in treatment and 65 in control groups)	- The Children's Depression Inventory - Children's Attributional Style Questionnaire - Automatic Thoughts Questionnaire - Hopelessness Scale - Perceived Self Competence Scale (What I am Like)	- Hispanic students were found to have improved negative cognitions, but Black students were not. - Increased self-esteem level for the Hispanic students did not last at the 24-month follow-up.	High
7	Yeh, Okubo, Cha, Lee, & Shin, 2008	Cultural Adjustment Class (CAC): A school-based intervention program for the cultural adjustment of immigrant youth	Within group pre- and post-test comparison Level 4: Emerging	Good	172 Chinese immigrant students (mean age 18.27 years; 52% female)	- Social Connectedness Scale - Academic, College, Career Help-Seeking Scale - Bonding To School	- Chinese immigrant youth have improved social connectedness, boding to teachers, and career help-seeking.	High
8	Beehler, Birman, & Campebell, 2011	Cultural Adjustment and Trauma Services (CATS): A comprehensive school-based mental health program for traumatized immigrant youth	Within-group pre- and post-test comparison Level 4: Emerging	Good	149 immigrant students (mean age: 14.4 years; 63% female;	- The Child and Adolescent Functional Assessment Scale - PTSD Reaction Index	Comprehensive school-based model was effective. CATS services improved functioning, and students showed fewer PTSD symptoms.	High
9	Morsette et al., 2009	Cognitive behavioral group therapy	Within subject pre- and post-test comparison Level 4: Emerging	Fair	4 6th grade Native American students with trauma who completed the therapy	-Violence exposure: Life events Scale (LES, shortened version) -PTSD: Child PTSD symptoms scale (CPSS) -Depression: Children's Depression Inventory (CDI)	-Three of the four students showed decrease in PTSD and depressive symptoms	Med

10	Weems et al., 2009	A school-based test anxiety intervention	Quasi-experimental with between group pre-, post-test, and follow-up comparison Level 3: Efficacious	Poor	94 ninth graders (mean age: 14 years; 56% female; 88% Black)	- Test Anxiety Scale for Children - Reaction Index for Children - GPA	- A significant effect of the intervention was found on test anxiety, post-traumatic stress symptoms, and academic performance.	Low
11	Cooley-Strickland, Griffin, Darney, Otte, & Ko, 2011	Modified FRIENDS program: A group oriented cognitive-behavioral selected anxiety prevention program for urban children exposed to community violence	Experimental design with randomization and between group pre- and post-test comparison Level 2: Effective	Fair	93 3rd-5th graders from two schools (48 in intervention and 45 in wait-list control groups; age range: 8-12 years; 52% male; 92% Black, 8% Mixed)	- Exposure to community violence: Children's Report of Exposure to Violence - Mental health: Computerized Diagnostic Interview Schedule for Children - Anxiety symptomatology: Revised Children's Manifest Anxiety 12Scale - Academic achievement: Wechsler Individual Achievement Test-Screener - Adverse life events: Multicultural Events Schedule for Adolescents	- Both groups significantly reduced anxiety symptomatology, exposure to community violence and improved reading achievement scores. - The intervention group also increased math achievement scores, decreased life stressors and victimization by community violence.	High
12	Knox, Guerra, & Williams, 2011	Families and Schools Together (FAST): a multifamily group intervention to increase family functioning and social support	Mixed-Methods design: Quasi-experimental with randomization and between group pre-, post-test, and follow-up comparison AND qualitative method with focus groups Level 2: Effective	Fair	282 children (104 in treatment and 142 in control groups; mean age: 9.5 years; 51% female; 96% Mexican immigrant)	- Social support: MOS social support scale - Adult perceptions of community-level collective efficacy - General well-being: health status - Parent report and children's self-report of children's aggression: Social Competence and Behavior Evaluation Scale - Social competencies: self-control and social problem-solving skills	- The FAST program had modest effects on child and parent outcomes, such as improved social problem-solving skills, perceptions of collective efficacy, social support, and overall well-being. - No significant differences in children's aggression were found.	Med

						- Child perceptions of community-level collective efficacy		
13	Schottelko rb, Doumas, & Garcia, 2012	Child-centered play therapy (CCPT)	Experimental design with randomization and between group pre-, post-test, and follow-up comparison Level 2: Effective	Fair	31 Refugee children in elementary schools Northwest US (54.8% male; mean age: 9.16; 67.7% come from Africa; 16.1 % Middle East; 9.7% Asia; 6.5% Europ; 45.2% CCPT participants; 54.8% TF-CBT participants)	-Child report PTSD: UCLA PTSD Index for DSM-IV (American Psychiatric Association, 2000); -Parent Report PTSD: Parent Report of Posttraumatic Symptoms	-For both CCPT and Comparison EBP group, Students showed decrease in the severity of PTSD according to both of the self and parent report	Med
14	Ellis, Miller, Abdi, Barrett, & Blood, 2013	Multi-tiered mental health program based on trauma systems therapy Project SHIFA: Tier 1: community education; Tier 2: 9 months of weekly resilience skill building group; Tier 3: skill-building trauma systems psychotherapy; Tier 4: home-based trauma systems therapy Clinicians, social work interns in consultation and collaboration with Somali cultural brokers	Within group pre- and post-test comparison Level 4: Emerging	Fair	30 Somali refugee and ELL students at middle school (63% male; 60% Somali & 40% Somali Bantu ethnicity)	-Trauma: War Trauma Screening Scale, -Resource Hardship: Adolescent Post-War Adversities Scale–Somali version, -PTSD: UCLA PTSD Reaction Index for DSM-IV, the Depression: Depression Self-Rating Scale (DSRS)	-Students in all tiers reduced PTSD and depressive symptoms -Students across all tiers reduced resource hardship	High
15	Montañez et al., 2015	Turn 2 Us (T2 U) program: School-based mental health promotion and prevention programs (SBMH-PPs) to improve social, behavioral, and academic performance for children at risk for developing mental health disorders	Quasi-experimental with between group pre- and post-test comparison Level 3: Efficacious	Fair	174 third- through fifth-graders (51% male; 87% Latino, 10% Black)	- Measure of Symptomatology: The Strengths and Difficulties Questionnaire (SDQ) - Student social and classroom performance: Student Assessment Survey (SAS)	- Significant improvement was found in participants' prosocial behavior, classroom compliance, and academic achievement.	Med

						- Academic achievement and attendance		
16	Fung et al., 2016	Learning to BREATHE (L2B): a school-based mindfulness intervention to facilitate middle and high school students' development of emotion regulation	Experimental design with randomization and between group pre-, post-test, and follow-up comparison Level 2: Effective	Good	19 middle school students (9 in immediate treatment and 10 in delayed treatment; mean age: 12.7 years; 58% female; 52.6% Latino, 47.4% Asian)	- Child Behavior Checklist (CBCL) - Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA)	- The program was effective in reducing behavior problems and expressive suppression. The improved effects were maintained at follow-up.	Med
17	Graves & Aston, 2017	Brothers of Ujima: a school based and strength based culturally relevant intervention for African American boys	Within group pre- and post-test comparison Level 4: Emerging	Poor	14 6th and 7th grade Black male students	-Afrocentric Value Scale -Social emotional essets: Social emotional assets and resilience scale -Racial identity: Multidimensional Inventory of Black Identity-Teen	-Increase in Afrocentric values were found among male students, whereas no increase in racial identity or resiliency was found -Teachers reported that the program was feasible but required some modification to its format and lessen contents	High
18	Ijadi-Maghsoodi et al., 2017	Resilience Classroom Curriculum: A school-based, resilience-building, trauma-informed preventive classroom intervention for high risk youth	Mixed-Methods design: Quasi-experimental design with between group pre- and post-test comparison AND qualitative method with focus groups Level 3: Efficacious	Fair	100 students completed the pre-survey (54 from School A and 46 from School B) (Age: 76% 14-15 years old) (Note: Participants demographic information was not available. Both Schools A and B consists of more than 97% Black and Latino students)	- Social-emotional skills - Internal assets: Resilience Youth Development Module of the California Healthy Kids Survey - Environmental assets: School support and school climate	- Students demonstrated a general improvement in internal resilience, empathy, and problem-solving scores. - Students expressed enhanced connections among students and teachers. The curriculum also served as a way to destigmatize mental health issues.	High
19	Fung et al., 2018	Learning to BREATHE (L2B): a school-based mindfulness intervention to facilitate middle and high school students' development of emotion regulation	Experimental design with randomization and between group pre-, post-test, and follow-up comparison Level 2: Effective	Good	145 ninth graders (79 in immediate treatment and 66 in delayed treatment; mean age: 14 years; 68% female; 42.8% Latino, 42.8% Asian)	- Youth Behavior Problems - Perceived Stress - Emotion Regulation - Emotional Approach Coping - Avoidance Fusion - Rumination	- The program was found to be associated with reduction in internalizing, externalizing, and attention problems, perceived stress, rumination, avoidance,	Med

							- Heritage Language Enculturation	and fusion. - The program was found to be associated with increase in cognitive, reappraisal, emotional expression, and emotional processing.	

1. The LEBIE scale includes five levels (Jackson, 2009):
   a. Level 1, Superior: randomization with equivalent control and comparison groups
   b. Level 2, Effective: randomization with equivalent control or comparison group
   c. Level 3, Efficacious: non-randomization and nonequivalent control group
   d. Level 4, Emerging: single group pre- and post-test
   e. Level 5, Concerning: any other research design
2. NHLBI's study assessment tools includes three ratings (NHLBI, 2020)
   a. Good: study has the least risk of bias, and results are considered to be valid
   b. Fair: study is susceptible to some bias deemed not sufficient to invalidate its results
   c. Poor: indicates significant risk of bias
3. Cultural Sensitivity is defined based on the design and recruitment of the intervention:
   a. High: a design for and recruit racial/ethnic minority students
   b. Medium: not design for but recruit racial/ethnic minority students
   c. Low: not design for and not recruit racial/ethnic minority students

Table 3. Results of the Quality Assessment of the Controlled Intervention Studies (NHLBI)

Study ID Criteria	L2	L3	L4	L6	L10	L11	L12	L13	L15	L16	L19
1. Was the study described as randomized, a randomized trial, a randomized clinical trial, or an RCT?	N	Y	N	Y	N	N	N	Y	Y	Y	Y
2. Was the method of randomization adequate (i.e., use of randomly generated assignment)?	CD	N/A	CD	Y	N	Y	Y	Y	Y	Y	Y
3. Was the treatment allocation concealed (so that assignments could not be predicted)?	NR	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Were study participants and providers blinded to the treatment group assignment?	N	CD	Y	Y	Y	Y	Y	Y	Y	Y	Y
5. Were the people assessing the outcomes blinded to the participants' group assignments?	N	CD	Y	N	CD	Y	Y	N	N	Y	Y

6. Were the groups similar at baseline on important characteristics that could affect outcomes (e.g., demographics, risk factors, co-morbid conditions)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
7. Was the overall drop-out rate from the study at endpoint 20% or lower of the number allocated to treatment?	Y	Y	Y	N	N	NR	N	Y	Y	Y	N
8. Was the differential drop-out rate (between treatment groups) at endpoint 15 percentage points or lower?	Y	N	NA	N	CD	NA	NA	N	N	NA	N
9. Was there high adherence to the intervention protocols for each treatment group?	CD	CD	Y	NR	Y	Y	Y	N	Y	Y	Y
10. Were other interventions avoided or similar in the groups (e.g., similar background treatments)?	CD	CD	NR	CD	CD	Y	NR	Y	Y	NR	NR
11. Were outcomes assessed using valid and reliable measures, implemented consistently across all study participants?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
12. Did the authors report that the sample size was sufficiently large to be able to detect a difference in the main outcome between groups with at least 80% power?	N	CD	N	N	N	N	N	N	N	N	N
13. Were outcomes reported or subgroups analyzed prespecified (i.e., identified before analyses were conducted)?	Y	Y	N	Y	Y	N	N	Y	N	N	Y
14. Were all randomized participants analyzed in the group to which they were originally assigned, i.e., did they use an intention-to-treat analysis?	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Quality	Poor	Poor	Poor	Fair	Poor	Fair	Fair	Fair	Fair	Good	Good

* *Quality of the controlled intervention studies was assessed by using NHLBI's Quality Assessment Tool for Controlled Intervention Studies. There were 11 studies that fall under the controlled intervention studies reviewed research (L2, L3, L4, L6, L10, L11, L12, L13, L15, L16, L19)

*Y: Yes; N: No; CD: Cannot determine; NA: Not applicable; NR: Not reported

Results

Review of the included studies

In total, there were 19 studies included for the review, and the majority of them were intervention or prevention programs for mood disorders, such as depression and anxiety disorders. For example, in terms of major depression, two studies by Cardemil and his colleagues (2002, 2007) were a 12-week program evaluation and its follow-up. This program teaches cognitive and social problem-solving skills to prevent depressive symptoms among low-income minority middle schoolers. These studies targeted two different racial minority groups (i.e., Latinos and Black) with random assignments. The results indicated significant benefits for Latino students but not for Blacks. Latino children showed significantly fewer depressive symptoms, negative automatic thoughts, and hopeless thoughts [after participating in the program OR than Black ones]. In addition, Fox, Rossetti, Burns, and Popovich (2005) evaluated an eight-week cognitive behavioral program offered to Southeast Asian refugee children to decrease their depressive symptoms. The program addressed students' adaptation problems as well as their coping skills. The cognitive-behavioral intervention was focused on skill-building using homework, rather than treating their depressive symptoms. The study discovered that Southeast Asian refugee students in the program showed lower depression scores.

Other studies focus on anxiety disorders (Cooley-Strickland, Griffin, Darney, Otte, and Ko, 2011; Weems et al., 2009). In Weems et al. (2009), the intervention was to reduce anxiety for Black children who were exposed to Hurricane Katrina. The results indicated there were significant effects on overcoming test anxiety and enhancing academic performance. The researchers examined the effectiveness of group-oriented cognitive-behavioral therapy (CBT) that targeted Black children with mild to moderate anxiety disorders. The results showed there were significant reductions in anxiety symptoms and improved standardized reading scores. Knox, Guerra, and Williams (2011) tested the effectiveness of 10-week prevention for Latino immigrant children's aggression. The results, however, showed no significant effects in aggression between control and experimental groups. Fung, Guo, Jin, Bear, and Lau (2016) conducted a randomized pilot evaluation on a school-based mindfulness intervention. The curriculum was developed to help students understand their feelings and learn how to use mindfulness-based skills to manage emotions. The results indicated the effectiveness of the program with a small group of minority children (i.e., Latino and Asian students) in reducing externalizing internalizing problems, and expression suppression. Their recent publication has also found the school-based mindfulness intervention was beneficial for minority students in reducing internalization and perceived stress.

Another group of reviewed studies was relevant to trauma. Morsettee et al. (2009) conducted an evaluation study of a cognitive behavioral treatment program for American-Indian children with Post-Traumatic Stress Disorder (PTSD) and

depression. The study found the program was effective, as it decreased PTSD and depression among the participants. Ellis, Miller, Abdi, Barrett, and Blood (2013) conducted a multi-tiered mental health program, Project SHIFA, for Somali refugee children. The multi-tiered program started with the prevention and resilience-building in the Somali community and school community. The study showed students in all tiers reduced PTSD and depressive symptoms and hardship finding resources. Moreover, Schottelkorb and colleagues (2012) revealed the effectiveness of child-centered play therapy for decreasing PTSD for refugee children.

Other reviewed studies evaluated programs that promote personal development aspects of study participants, such as cultural adjustment, social skills, identity development, and general resilience. Yeh, Okubo, Cha, Lee, and Shin (2008) and Beehler, Birman, and Campebell (2012) evaluated programs that promote the cultural adjustment of immigrant or racial minority children. Yeh et al. (2008) targeted Chinese immigrant children, and they found a significant increase in students' social connectedness and bonding with teachers. Beehler et al. (2012) examined the effectiveness of Cultural Adjustment and Trauma Services (CATS) for Latino students. Students' functional impairment and PTSD symptoms reduced after participating in the intervention.

There were several other SBMS that showed effectiveness in different domains, such as promoting healthy identity development (Ferrer-Wreder et al., 2002), social and classroom performance (Montanez et al., 2015), resiliency against trauma (Ijadi-Maghsoodi et al., 2015). Among the reviewed papers, findings indicated overall positive effects of the SBMS on racial minority students' mental health.

Rigor and cultural sensitivity of the included studies

The rigor of included studies was reviewed based on the LEBIE and NHLBI scale in order to assess the quality of the included studies comprehensively Based on the LEBIE scale, six out of the 19 studies (Beehler et al., 2011; Fung et al., 2016; Fung et al., 2018; Schottelkorb, Doumas, & Garcia, 2012; Yeh et al., 2008) are rated as "effective" which means these studies included randomization with equivalent control or comparison groups. Six studies (Cardemil et al., 2002, 2007; Ferre-Wreder et al., 2002; Ijadi-Maghsoodi et al., 2017; Montañez et al., 2015; Weems et al., 2009) belong to "efficacious" which means there were nonequivalent control group comparisons but without randomization. Also, seven out of 19 studies (Cooley-Strickland et al., 2001; Ellis, Miller, Abdi, Barrett, & Blood, 2013; Fox, Rossetti, Burns, & Popovich, 2005; Graves & Aston, 2017; Kataoka et al., 2003; Knox et al., 2011; Morsette et al., 2009) belong to "emerging," so that these studies were designed with single group pretest-posttest. Many studies evaluating mental health-related school-based programs were rated as rigorous research (at least level 3), which provided strong evidence that these interventions were effective for racial minority students to address their mental health concerns.

When assessed by the NHLBI scale, 11 studies met criteria and were assessed for its quality. Six studies were assessed to be "good" which means the given study was conducted rigorously in terms of usage of various research methods (i.e., sample selection, blind experiment, and randomization) in order to protect the validity. These studies scored 6.5-7.5 on the scale. Eight studies were assessed to be "fair" which means they scored 3-6 on the assessment tool. The five remaining studies were considered as "poor" since they scored 0-2. Details of the scoring process is presented in the Table 3.

Nonetheless, there were some limitations to these studies. For example, the measurements could be improved. The same type of measurements should be employed when the interventions were targeting same symptoms or disorders. For instance, although both Weems et al. (2009) and Cooley-Strickland et al. (2011) looked at anxiety disorders, their measurements were different from each other. Weems et al. (2009) did not utilize any standardized scales which made it difficult to compare the effectiveness of their intervention with Cooley-Strickland et al. (2011).

We also assessed whether these SBMS were designed with cultural sensitivity and provided to racial minority students. More than half of these studies (10 out of 19) were identified to be high in cultural sensitivity. The interventions were developed specifically for immigrant or minority students, and the studies recruited minority students as study sample exclusively (Beehler et al., 2011; Cardemil et al., , 2007; ; Ellis, Miller, Abdi, Barrett, & Blood, 2013; Fox, Rossetti, Burns, & Popovich, 2005; Graves & Aston, 2017; Ijadi-Maghsoodi et al., 2017; ; Yeh et al., 2008). Overall, the studies on mental health services were rated high on cultural sensitivity and were relatively rigorous research.

Discussion

The current review indicated most studies evaluating SBMS for minority children were rigorously designed. The majority of the reviewed studies had at least a quasi-experimental design with between-group comparisons. However, about half of these studies and interventions were developed with cultural sensitivity. In particular, as stated above, racial minority students' mental health needs seem to be unmet especially among Latino and Black children (Barksale, et al., 2010a; Barksale, Azur, & Daniels, 2010; Bloom, Jones, & Freeman, 2013; Mehta, Lee, & Ylitalo, 2013). Also, schools are a well-known channel for students to easily access appropriate services. A few of the reviewed studies emphasized the importance of schools as an ideal setting to deliver necessary services. However, other studies did not mention the rationale of applying a SBMS but only highlighted the importance of studying racial/ethnic minority children. Future studies should highlight the nature, challenges, and strengths of providing mental health services in school settings.

Three studies belonged to low cultural sensitivity category since they were neither designed for the racial minority students nor recruited them exclusively. Researchers of these studies ended up having a lot of racial minority students in their sample because their study site was heavily composed of racial minority students. That might be the reason these studies—almost half of the reviewed papers—were lagging in cultural sensitivity. Hence, due to not having rigorous sampling strategies, the researcher could come up with a biased conclusion that their findings indicate the effectiveness of these school-based interventions for racial minority students. It is concerning when the SBMS is not considered for cultural sensitivity if the majority of the participants are racial minority children. Providing culturally sensitive services is the key to success when serving diverse populations (Jackson & Samuels, 2011; Simmons, Diaz, Jackson, & Takahashi, 2008).

Most reviewed articles were rigorously designed and conducted, but only half were with cultural sensitivity for minority children. This finding suggests a practical and research framework that involves the ecological perspective and the concept of intersectionality. The ecological perspective posits the multi-level systematic influences on individuals and the interactions between systems. Minority children and youth can have better accesses to mental health prevention or intervention services at schools, as an important setting at mezzo system. However, the access can be limited if the minority family or parents are not informed about the resources or service providers are not available in the community. Thus, the examination of cultural sensitivity may also focus on the family and community settings to explore whether all the surrounding systems of minority children/youth are with cultural competence and identify influences of interdependent systems on minority children's mental health.

Additionally, the concept of intersectionality suggests extending understanding of minority children. The current review only stresses on the identity of race/ethnicity and mental health. Other aspects of an individual, such as age, gender, region, education, immigration status, has not been studied. These varieties of identities and aspects may complicate the evaluation of SBMS and should be carefully considered.

In the given paper, SBMS targeting various racial minority children were reviewed together. However, it should be noted that there is a variety of racial minority children in the United States, and they have distinct and unique needs to be addressed. For example, Latino and Black, the majority of minority groups, have different needs and vulnerabilities. Furthermore, due to the model minority myth (Chou & Feagan, 2015) Asian Americans are often neglected when racial minorities' vulnerabilities are discussed.

Moreover, there should be a continuing effort to develop and deliver the most appropriate services for each target population, as well as immigrant population. There has been less emphasis on the needs of immigrant children except

for Latino children. For instance, immigrant children face various stressors coming from their acculturation process. They also have to deal with culture shock and racism (Yeh, 2003). As a result, scholars have found immigrant status might increase the risk for many psychological problems such as anxiety, depression, and eating disorders (Pumariega, Rogers, & Rothe, 2005). Therefore, immigrant and racial minority children have extra layers of risk factors which school should take into consideration.

Structural racism refers to the idea that "society perpetuates discrimination and oppressive actions through multiple systems acting together to reinforce inequities, biased values, and access to resources that benefit White individuals and groups" (Bailey et al., 2017, p. 1454). That says, racism and oppression not only result from individuals but large institutions and societal structures (Metzl, Petty, & Olowojoba, 2017). Therefore, in order to heal the mental illness of racial minority children caused by experiencing racial barriers from interconnected institutions, health practitioners need to carefully align with another profession (e.g., school teachers) as well as share resources within multiple systems (e.g., mental health service community-based organizations, school-based mental health, and schools) surrounding the student of color (Kaiser, 2017).

Implications

The current review provides practice, policy, and research implications. First, most of the reviewed studies were conducted with a rigorous research design. That is, these school-based interventions are evident to address children's needs in mental health. This review indicated many studies claimed the effectiveness of the interventions for minority children only because Black or Latino children represented the majority of their study sample. However, these interventions may not be effective in other minority groups. Thus, school-based practitioners should still be cautious when applying specific interventions to different groups of children.

Additionally, past literature has indicated schools can serve as a promising context to provide preventive interventions for children, especially those who are hard to reach and who have limited access to resources (Blewett, Casey, & Call, 2004). The reviewed studies also identified barriers for minority children to health care services due to poor communication, parents' lack of awareness of children's situations, and parents' ability to engage community agencies (Bruzzes et al., 2011; Wilson et al., 2011). Thus, while school professionals address the needs of minority children, they could also reach out to minority families, which are considered vulnerable as well in the United States. Multiple contexts, such as school, household, and community, should be involved when future interventions are developed and implemented by service providers in different settings.

This study provides implications for policies. Policies can increase the accessibility to mental health service for racial minority children. Developing evidence-based school-based mental health interventions can be one of the

solutions. In addition, as stated, minority children not only have needs for culturally sensitive interventions but also for culturally sensitive professionals. The responsibility for recruiting and retaining minority professionals or professionals with certain backgrounds may fall into the government to change the immigration policy or place funding to community-based agencies. Schools also have the responsibility to actively recruit and retain professionals from minority backgrounds. Creating an inclusive environment will benefit students.

Additionally, whether the school communities engage racial minority children's families is unknown. Since children and youth are part of a family, school, and community, SBMH that include the students' families, will be beneficial. Future studies can explore this topic.

Finally, this review reveals the research designs of these reviewed studies were quite rigorous due to the use of randomized control trials. However, these studies themselves may not be considered culturally sensitive. For example, although the sample consisted of many minority children, the authors of some studies did not include discussion about the cultural differences (Bruzzese et al., 2011; Johnson et al., 2008). Therefore, culturally sensitive research is needed, especially for examining the effectiveness of SBMS, in terms of sample recruitment, data collection, and finding interpretations. Additionally, although randomized controlled trials are favorable for testing the evidence, qualitative, and mixed-methods designs are sometimes better for capturing the dynamics and examining how the interventions are implemented. Future research can focus on dynamics in the schools, including peer relationships and the relationship between teachers/facilitators and children to understand whether there is a cultural component implemented with the intervention.

Limitations and conclusion

Despite numerous strengths of the current study, there are still limitations. First, this review did not distinguish the diverse subgroups within the racial minority children in terms of race, ethnicity, and immigration status (i.e., American citizens, permanent residents, refugees, and undocumented children). Although racial minority children face similar challenges but there are unique characteristics and needs. Future studies can explore how specific subgroups' mental health needs are being served by SBMS or not. Second, as a review, the given study fulfilled its aims and found the overall positive findings from the previous SBMS. Future studies can use meta-analysis and attempt to more rigorously examine the effect sizes across various studies. In conclusion, the current review provides an overview of the SBMS that served mental health needs of the racial minority children in the United States. The review can inform practitioners and researchers working in the field of school-based social work.

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