

Editorial: The Hidden Costs of Being A Black Student

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Ideally, schools are learning environments that promote intellectual growth while nurturing healthy social and emotional development. Schools are also a microcosm of the bigger world in which students live, mirroring the best and worst of our society, including the debility of systemic racism. One way in which this inequity is perpetuated within schools is through exclusionary discipline practices, and the disproportionate impact these practices have on Black and multiracial Black children, as well as on single-parent families.

The article by Fadus *et al.*¹ illuminates the racial, ethnic, and family structure disparities existing within our American educational system. Analyzing cross-sectional data from 11,875 children from the first wave of the Adolescent Brain Cognitive Development study—what will be the largest long-term study of adolescent brain development within the United States—Fadus *et al.* examined who receives school detentions or suspensions, and found that Black and multiracial Black children are respectively 3.5 and 3 times more likely to be disciplined or to receive a detention or suspension than their White peers.¹ Children from single-parent homes are also 1.4 times more likely to receive school disciplinary actions than children with a secondary caregiver.¹

It is important to consider how sociopolitical determinants of mental health manifest in the classroom. This study reported that children, regardless of race and ethnicity, who come from single-parent households have higher rates of discipline. Inequities in policies and power that influence mass incarceration, housing,² employment, and educational opportunities position Black children to more often be in the care of a single parent, which is associated with experiencing exclusionary discipline practices. Although these data are cross-sectional and observational and cannot establish directionality or causality, these findings do support the premise that exclusionary discipline practices perpetuate systemic racism by their impact on childhood development, causing emotional and psychological distress in Black children and families, and tacitly aiding academic failure and dropout, resulting in a continual cycle of inequalities in educational

attainment, employment opportunities, and economic advancement.

This topic is particularly important for child and adolescent psychiatrists, who all have vital roles in altering this cycle. Almost all child psychiatrists work with school systems, directly or indirectly, and have the opportunity to have an impact on policies and procedures affecting children and families. Psychiatrists have a responsibility to stand firm in their role of ultimately serving children and families, and there are several ways in which we can do so:

- 1) **Be Aware:** As mental health providers and psychiatrists, it is critical to come equipped with knowledge of who gets identified as a “problem,” and not only the manifestation of racism in the educational system, but also the awareness of its influence in our own clinical decision-making and treatment practices.
- 2) **Ask:** We want to highlight the importance of asking parents about their relationships with schools and whether they or their children experience discrimination. This speaks to a shift for mental health providers to listen judiciously to the school’s collateral information regarding students’ behaviors and communications with parents. As clinicians, particularly those working closely with schools or within them, we must include the voices of parents. If parents perceive that their children are experiencing discriminatory discipline practices, this will likely have an impact on the students’ perceptions of the school environment as well.
- 3) **Affirm and Address:** As psychiatrists, we can be advocates to affirm children’s and families’ prior and persisting experiences of discrimination and to create opportunities to address these concerns. This is a big shift, as too often we attempt to help students who appear to be struggling in school by reactively pathologizing them rather than the sociopolitical constructs (eg, poverty) contributing to their plight, and prescribing medications to alter their reactivity to school’s expectations for them. We should not allow

ourselves to be placed in a position to preserve patterns of assimilation and to prescribe treatment for what is, in truth, a dis-eased and oppressive environment for the children whom we serve. Recently, there have been articles in the popular press about Black parents preferring remote learning for a multitude of reasons, often related to racial discrimination.³ Thus, as psychiatrists, it is important for us to engage with parents proactively, both as practitioners and as school liaisons, to address their concerns and observations of how racial discrimination affects their child's education, as well as how our Black patients may perceive themselves and their future amidst ongoing school disciplinary practices.

- 4) **Advocate:** As mentioned in the study, advocacy for restorative justice and policies that reduce the use of harsh discipline practices and foster learning environments that are institutionally supportive of mental health and behavioral services are critical in shifting toward healthy school environments. There is also a need to provide administrators and teachers with professional development around antiracism and alternative disciplinary practices.
- 5) **Approach:** In our capacity as school psychiatrists or consultants, we must also address our approach for creating safe and antiracist learning environments, educational policies, and curricula that standardize opportunities for achievement, and both acknowledge and appreciate, for more than one designated month, Blackness. We need to recognize the importance of social-emotional learning for school success, and how certain behaviors, particularly externalizing behaviors, should be viewed and managed beyond punishment or exclusion. This reevaluation of engagement with children further reimagines the current one-size-fits-all approach to parental involvement by designing innovative ways to connect with caregivers and to foster a greater sense of community.

6) **Advance Knowledge:** This knowledge must also be emphasized in medical education when discussing diagnoses, particularly of disruptive behavioral disorders,⁴ as well as special education designations (eg, emotional disturbance).⁵ Both designations are disproportionately affixed to Black students, and should be discussed during consultation, collaboration, and advocacy in school-based mental health settings to recognize and to address discriminatory school disciplinary practices. Ultimately, child and adolescent psychiatrists must be dedicated to changing persisting racist practices and committed to the introspection and consistent self-assessment required to confront racial inequities in their many, sometimes subtle, expressions. This is what we would wish for all of our children, and Fadus *et al.* have provided vital information directing us to take constructive action for our patients and families.

Accepted January 14, 2021.

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The authors have reported no funding for this work.

Author Contributions

Conceptualization: Goins, Aron, Chamakalayil, Bostic;

Supervision: Goins

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Disclosure: Drs. Goins, Aron, Chamakalayil, and Bostic have reported no biomedical financial interests or potential conflicts of interest.

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0890-8567/\$36.00/©2021 Published by Elsevier Inc. on behalf of the American Academy of Child and Adolescent Psychiatry.

<https://doi.org/10.1016/j.jaac.2021.01.008>

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