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Received: 24 December 2020 | Revised: 20 August 2021 | Accepted: 6 September 2021

DOI: 10.1002/pits.22606

RESEARCH ARTICLE

WILEY

Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth

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Abstract

Ample evidence suggests that PK-12 students experience racism and other forms of discrimination in school and that these experiences have a deleterious impact on their mental health. Several studies have shown a consistent and strong relationship between racism and negative mental health outcomes including increased depression and anxiety, decreased self-worth and self-esteem, as well as psychological maladjustment. School-based mental health services can ensure that racial and ethnic minoritized (REM) students gain access to mental health services. Because schools are one place where REM students experience structural and individual discrimination, it is critical that school-based mental health providers utilize strategies to promote school climates that are safe and affirming for these students. Using a multitiered system of support framework, we describe the tier 1 interventions to promote positive school racial climate and the elements of culturally responsive practices to be integrated into tier 2 and tier 3 interventions to improve mental health outcomes for REM youth.

KEYWORDS

culturally responsive practices, multitiered systems of support, school mental health

1 | INTRODUCTION

Approximately 20% of children under age 18 have a diagnosable mental disorder; and 10% of children have mental health problems severe enough to impair home, school, and community functioning (Stagman & Cooper, 2010). Moreover, 75%–80% of children and adolescents in need of mental health services are not receiving treatment (Stagman & Cooper, 2010). Out of those receiving treatment, 70-80% receive those services at school (Rossen & Cowan, 2014). Racial and ethnic minoritized (REM) youth encounter additional challenges in accessing mental health care. Black, Latinx, and Asian Pacific Islander students with internalizing concerns (e.g., anxiety, depression) are less likely to be referred for community-based or school-based mental health services compared to White students (Gudiño et al., 2009). These disparities in access to mental health treatment are especially problematic given the relationship between racism and mental health. Ample evidence suggests that PK-12 students experience racism and microaggressions in school and that these experiences have a deleterious impact on their mental health. Several studies have shown a consistent and strong relationship between racial discrimination and negative mental health outcomes including increased depression and anxiety, decreased self-worth and self-esteem, as well as psychological maladjustment (e.g., Davis et al., 2017; Priest et al., 2013; Seaton et al., 2008). Students need support in navigating the complex emotions evoked by racial microaggressions and need advocates empowered to address racial microaggressions and the systemic factors which sustain them.

School-based mental health services have the potential to address REM students' unmet mental health needs. However, these services must be provided from a culturally responsive lens. The focus of this paper is to increase educators' knowledge of racial microaggressions and the harm they cause students and to identify strategies to promote safe and affirming school climates for all students, but especially those who are members of REM groups. Using a multitiered systems of support (MTSS) approach, we will describe the tier 1 interventions to promote positive school racial climate and the elements of culturally responsive practices to be integrated into tier 2 and tier 3 interventions to improve mental health outcomes for REM youth.

1.1 | Racism and mental health

According to the literature, racism and discrimination have a negative impact on mental health among youth from REM groups (Harrell, 2000; Turner, 2019). A systematic review of 121 studies found a consistent and strong relationship between racial discrimination and numerous outcomes including negative mental health (anxiety and depression), decreased self-esteem and self-worth, and psychological maladjustment (Priest et al., 2013).

Specifically, studies have reported that Black youth who encounter discrimination and racism experience negative mental health outcomes including low self-esteem and symptoms of depression (Davis et al., 2017; Harris-Britt et al., 2007; Thomas et al., 2010). One study by Seaton et al. (2008) reported that 87% of African American youth and 90% of Caribbean Black youth indicated that they had experienced at least one discriminatory incident within a given year. Furthermore, the authors noted that perceived discrimination was associated with increased depressive symptoms, decreased self-esteem, and decreased life satisfaction for both groups. Similar findings have also been reported for other REM youth (Davis et al., 2017; Gartner et al., 2014). Additionally, recent research has found an association between experiencing covert racism in the form of microaggressions (i.e., indirect and subtle forms of discrimination) and suicidal ideation in Black and Latinx youth; moreover, experiences of discrimination were associated with increased suicidal ideation over time for Black youth (Madubata et al., 2019).

Some have also begun to explore the impact of vicarious racial discrimination, which is defined as hearing about or seeing another person's experience of racism, on students' psychosocial functioning (Priest et al., 2014). Using an international sample, one systematic review found that students from minoritized ethnic groups reported higher levels of loneliness and more racist experiences relative to the majority group students (Priest et al., 2014). The authors also noted that students from the majority racial/ethnic group reported higher levels of loneliness and

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depressive symptoms if they had more friends from minoritized groups. This issue of vicarious racial discrimination may be a particular concern for youth from diverse groups given possible exposure to both individual and structural racism, especially in the current sociopolitical climate.

1.2 | Experiences of racism in schools

There has been a marked uptick in bias and hate crimes in the United States since 2016 (Edwards & Rushin, 2018). In their report *Hate at School*, the Southern Poverty Law Center counted 821 school-based bias incidents reported in the media in 2018. In an accompanying survey, K-12 educators reported an additional 3265 incidents in the fall of 2018 alone (Southern Poverty Law Center, 2019). Several forms of bias were reported (e.g., anti-LGBTQ, anti-immigrant, anti-Semitic, anti-Muslim), but racism accounted for 63% of the media-reported incidents and 33% of the educator-reported incidents (Southern Poverty Law Center, 2019). Even more unfortunate than these incidents occurring was the lack of response from the school. Educators reported that no one was disciplined in 57% of the incidents; nine out of ten times, school administration did not denounce the bias or reaffirm school values (Southern Poverty Law Center, 2019). These blatant and overt acts of bias are the result of school environments that ignore smaller and more subtle acts of bias and send the implicit message that discrimination against some groups is acceptable.

In the school environment, students may experience racism from peers and teachers in the form of microaggressions. Microaggressions are brief exchanges that send denigrating messages to individuals of socially marginalized groups (Sue et al., 2007). These messages are often unconscious and may be delivered in the form of subtle snubs or dismissive looks, gestures, or tones. In a qualitative study of racial microaggressions against Black male students, students reported experiencing microaggressions related to assumptions of deviance, assumed universality of the Black American experience, and assumed superiority of White cultural/values and communication styles (Henfield, 2011). Similarly, Keels et al. (2017) found that Black students reported significantly more microaggressions than Latinx students in Academic Inferiority and Expectations. Moreover, higher levels of microaggressions were reported in schools that were less racially and ethnically diverse (Keels et al., 2017). Other studies also note REM students' experiences of microaggressions and other covert and overt acts of racism (e.g., Benner & Graham, 2013; Seaton & Douglass, 2014; Wong et al., 2003).

Relatedly, ample evidence suggests that REM students are more likely to report negative perceptions of school climate, or the quality and character of school life (e.g., Ding & Hall, 2007; Fan et al., 2011; Mattison & Aber, 2007; Watkins & Aber, 2009). This is unfortunate because positive school climates promote student learning and academic achievement, as well as foster students' engagement with the school environment (Cohen et al., 2009). The negative perceptions REM students have of the school climate may be partially attributed to microaggressions and other discriminatory experiences at school. For example, Black adolescents' perception of discrimination from peers and teachers was positively related to anger, depressive symptoms, and problem behavior, as well as diminished motivation to do well in school (Wong et al., 2003). Additionally, in a qualitative study of adolescent Latinx students identified as at-risk for behavioral disorders, Balgana et al. (2013) found that most of the students reported being the target of both overt racism and microaggressions from peers and engaging in maladaptive behaviors (e.g., aggression, school avoidance) in response to the negative emotions evoked by these discriminatory experiences. Latinx youth may also experience racism and discrimination due to their heritage or as a result of their parents' immigration status. Huynh and Fuligni (2010) noted that Mexican immigrant adolescents reported experiencing more stress associated with English ability than their nonimmigrant adolescent peers. Furthermore, findings indicated that discrimination from both adults and peers was associated with increased depressive symptoms among Black, Latinx, and Asian American high school students (Gartner et al., 2014; Huynh & Fuligni, 2010). Given the relationship between positive perceptions of school climate and school outcomes, as well as the negative impact of microaggressions, it is important for schools to implement appropriate interventions to improve climate and to increase REM students' sense of belonging and connectedness to the school environment.

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Children and adolescents spend a significant amount of time in the school environment and these experiences contribute to their overall adjustment. However, it is important to recognize how the sociopolitical context may influence their social-emotional development. With the frequent discrimination experienced by youth and its relationship to mental health, school-based mental health providers (SBMHPs) must understand the underlying mechanisms that drive racial inequity in school mental health.

1.3 | Social determinants of health (SDH)

The SDH refers to a construct that emerges from the public health literature and provides a useful framework for which to understand issues of equity and mental health. SDH includes the social and environmental factors that influence and shape people's overall health and wellness. This framework suggests a continuum where higher social status leads to greater access to resources, improved health outcomes, and longer life-expectancy (Alegría et al., 2018; Marmot & Bell, 2016). Power imbalances are central in this continuum and help explain the disproportionately poor outcomes experienced by minoritized communities. The extent to which SDH intersects with the role of SBMHPs is significant, as these are issues that directly impact mental health and educational outcomes among school-aged youth. When viewed through the lens of SDH, SBMHPs can play a clear role in improving equity and ensuring access and quality of mental health services for all children and youth.

The literature suggests that REM youth are disproportionately impacted by mental health issues and experience more barriers to mental health treatment than their peers (Jon-Ubabuco & Dimmitt Champion, 2019). Black teens with mental health challenges are less likely to receive treatment, often for nonfinancial reasons (Lindsey et al., 2013). REM populations experience greater service gaps relative to mental health treatment (Turner et al., 2016). When REM individuals do receive treatment, it is often of lower quality and lacks cultural sensitivity and awareness (Elster et al., 2003). Further, Black individuals who have received mental health services are significantly less likely to be current users of mental health services, suggesting that their initial experiences contributed to future decisions not to seek help (Broman, 2012). Several studies note that REM clients have experienced at least one racial microaggression in their counseling experience (Constantine, 2007; Hook et al., 2016; Owen et al., 2014). The most frequent microaggressions were therapists minimizing the importance of racial-cultural issues in session, accusing clients' of being hypersensitive about race and cultural issues, and avoiding discussion of cultural issues (Constantine, 2007; Hook et al., 2016). Clients who had these microaggressive experiences had more negative ratings of the therapeutic alliance as well as the therapists' general counseling and multicultural competence (Hook et al., 2016; Owen et al., 2014). If REM clients perceive that therapists are uncomfortable discussing issues related to race, ethnicity, and culture, they may avoid discussing these topics in therapy even though they are clinically relevant (Thompson et al., 2004). This can interfere with effective treatment and exacerbate the emotional distress associated with racism and discrimination. It is incumbent upon all therapists to have the cultural awareness, knowledge, and skills to work effectively with clients of all racial backgrounds to ensure that REM clients feel comfortable, listened to, and respected.

2 | A MULTITIERED SYSTEMS OF SUPPORTS MODEL FOR CULTURALLY RESPONSIVE MENTAL HEALTH PROMOTION AND INTERVENTION

While schools have a history of providing mental health services to students, these services were usually reserved for those students in special education who had counseling and/or behavioral support written into their individualized education plans; there was limited support for students in general education (Weist & Evans, 2005). To address students' unmet mental health needs and increase access to mental health services, schools have started

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to use MTSS. MTSS refers to the application of prevention systems in the school environment. It includes tiers of intervention of increasing intensity and complexity tailored to student needs (Fabiano & Evans, 2019; Marsh & Mathur, 2020). With MTSS, there is an increased focus on providing school-wide programming that is preventative in nature and on conducting behavioral and/or social-emotional screening with all students to identify those in need of more targeted mental health prevention or intervention services. Services embedded in MTSS include social-emotional learning instruction, peer counseling and mediation, individualized counseling, and referral to community resources (Marsh & Mathur, 2020).

As an equity-based and needs driven service delivery framework, MTSS has the potential to reduce disparities in mental health problems and increase access to mental health treatment, especially for minoritized youth (Castro-Olivo, 2017). However, this framework is only as effective as the interventions and assessments used (Fabiano & Evans, 2019). Schools may adopt a "one size fits all" approach to selecting mental health interventions and not consider students' cultural context. To promote social and emotional development among REM youth, consideration must be given to the cultural and contextual-based factors that impact their wellbeing (Garcia-Coll et al., 1996). There is growing evidence for selective school-based approaches to support specific populations at greater risk for developing mental health concerns or not engaging in mental health services (Hoover & Bostic, 2021). For example, MTSS models have been used to support students experiencing housing insecurity (Sulkowski & Michael, 2014) and students with substance use disorders (Fisher et al., 2016). With the relationship between racism and mental health for REM youth coupled with poor school racial climates, REM students need effective school-based interventions to improve emotional wellbeing through reducing racial discrimination and promoting positive attitudes about diversity (Priest et al., 2014). As such, a MTSS framework for culturally responsive mental health promotion and intervention should focus on creating school climates conducive to REM students' well-being and success (tier 1) and integrating culturally responsive practices in tier 2 and tier 3 interventions to improve mental health outcomes for REM youth (Table 1). Culturally responsive practices can result in greater student engagement, healthier therapeutic relationships, and better treatment outcomes for REM youth. Moreover, the use

TABLE 1 Overview of culturally responsive MTSS for mental health

Tier	Key recommendations
Screening and Progress Monitoring	• Use mental health screeners based on the dual-continua approach to mental health • Access free and low-cost screeners through the School health Assessment and Performance Evaluation website • Examine racial/ethnic group differences in perceptions of school climate • Administer measures that assess racial-ethnic risk and protective factors as a follow-up to REM students who screen positive for mental health concerns
Tier 1: Positive Racial School Climate	• Use microaffirmations to create culturally affirming school environments • Engage in equity focused SEL programming based on the model of transformative SEL
Tier 2: Culturally Responsive Interventions	• Use content and procedural adaptations to increase the cultural salience of existing tier 2 programs • Provide access to culturally relevant programs to promote positive racial identity development
Tier 3: Culturally Responsive Psychotherapy	• Engage in cultural self-reflection with the ADDRESSING model • Use the JIMIS or the DSM-5 cultural formulation interview to identify cultural factors to address in therapy • Incorporate cultural knowledge into treatment planning

Abbreviations: JIMIS, Jones Intentional Multicultural Interview Schedule; MTSS, multitiered systems of support; REM, racial and ethnic minoritized; SEL, social emotional learning.

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of culturally responsive practices affirms students' identity and can help promote a greater sense of belonging in the school environment to protect against maladaptive outcomes.

2.1 | Screening and progress monitoring

Universal screening is an integral part of MTSS and helps identify those students in need of support above and beyond universal programming. For mental health MTSS, screening identifies those experiencing or at-risk for social, emotional, and/or behavioral difficulties. Mental health screeners typically focus on symptoms of psychopathology; however, schools could use a "dual-continua approach" to guide selection of their mental health screeners (Hoover & Bostic, 2021; Keyes, 2014). Within the dual-continua approach, one continuum indicates the presence or absence of positive mental health and the other continuum indicates the presence and absence of mental illness symptoms (Keyes, 2014). Mental health is more than the absence of mental illness; rather, "complete mental health" is signified by both low psychopathology and high wellbeing (World Health Organization, 2005). The National Center for School Mental Health (NCSMH) encourages schools to assess indicators of wellbeing such as life satisfaction, school belonging, social determinants of mental health, and adverse life experiences to better understand students' mental health strengths and needs (National Center for School Mental Health, 2020). The National Center for School Mental Health (2020) highlights the Behavioral and Emotional Screening System and the Social-Emotional Health Survey as examples of screening measures developed based on the dual-continua approach. Schools and districts can also use the School Health Assessment and Performance Evaluation, a free online platform that provides access to free and low-cost screening and assessment tools (National Center for School Mental Health, 2020). REM students identified as needing additional support based on screening results may complete follow-up measures that ask about racial-ethnic risk factors like microaggressions, racial stress and trauma, and acculturative stress, as well as protective factors like racial/ethnic identity (J. Jones et al., 2017; S. C. Jones & Neblett, 2017; Sellers et al., 2006). This additional information allows SBMHPs to assess the extent to which microaggressions and racial discrimination are contributing to students' social-emotional concerns or impacting their overall wellbeing and plan for more targeted intervention in tier 2 (see culturally adapted interventions in tier 2).

Schools may also use existing school climate assessments to identify subgroups of students who report more negative perceptions of school climate, and, as a result, may be vulnerable to poorer school outcomes (Henfield, 2011). REM students with negative perceptions of school climate are at-risk of being further isolated and experiencing poor school and mental health outcomes. If there are racial/ethnic differences in perceptions of school climate, this suggests that schools should consider school-wide school climate interventions to address the school's racial climate and consider cultural-specific climate interventions targeted toward those student groups feeling disconnected from school.

2.2 | Tier 1: Positive school racial climate

Tier 1 services focus on universal mental health promotion and prevention for all students. Supports at this level typically include a broad range of mental health related activities to promote wellness and positive social, emotional, and behavioral skills (Hoover & Bostic, 2021). Services and supports at this tier may include activities to promote positive school climate, positive behaviors and relationships, social emotional competence, and mental health literacy. Tier 1 programs emphasize skill development through psychoeducational approaches with opportunities to practice skills learned throughout the school environment (Hess et al., 2017). This emphasis on mental health promotion can increase students' wellbeing and reduce the need for more costly and time-intensive interventions (Rossen & Cowan, 2014). Tier 1 programs may be implemented at school-wide, at the grade level, and/or at the

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classroom level, and services may be delivered by both school- and community-employed professionals working within schools (National Center for School Mental Health, 2020).

School climate is addressed at tier 1 because of its relationship with student outcomes. As noted previously, positive school climate is associated with several adaptive outcomes including improved academic outcomes, reduced school dropout, improved attendance, and better Student–teacher and student–student relationships (Cohen et al., 2009). However, there is a persistent school climate gap between REM and White students, particularly in the domains of relationships, respect for diversity, social and emotional safety, and disciplinary environment, due to perceptions of racial inequity or poor racial climate (Bottiani et al., 2016; Hope et al., 2015). Schools should pay close attention to the racial climate and strive to become culturally affirming schools. Culturally affirming schools are committed to creating learning environments free from race-based discrimination, have educators who affirm students' cultural identities, and have a high congruence between home and school cultures (Nganga et al., 2019). These school environments safeguard REM students against microaggressions and other forms of racism.

Teachers can create more affirming environments by intentionally using microaffirmations, subtle acknowledgments of minoritized individuals' value and accomplishments (J. Jones & Rolón-Dow, 2018). Examples of microaffirmations include visibly confronting inequitable, hostile, or biased behavior, using curricular materials that reflect diverse representation of individuals and groups, and believing students when they say they have been targeted because of their identity. These microaffirmations can foster a school climate that affirms students' racial identities, validates their racialized experiences, and protects against racism (J. Jones & Rolón-Dow, 2018). Additionally, when teachers engage in microaffirmations, REM students feel supported (Serpell et al., 2009). Perceptions of teacher support buffer against the negative effects of in-school racial discrimination from other teachers and are associated with positive perceptions of school climate (Gale, 2020).

Social emotional learning (SEL) programming is also common at tier 1. SEL is the process through which children "acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (Collaborative for Academic, Social, and Emotional Learning [CASEL], n.d.). Improvements in SEL skills have been found to increase academic achievement, prosocial behavior, social emotional skills, and positive self-image, and decrease conduct problems, emotional distress, and substance use (CASEL, n.d.). The goal of SEL programming is to promote prosocial and reduce antisocial behavior for school success; however, students of varying cultural identities may require different sets of skills to function in the same school environment (Garner et al., 2014). If students' cultural context is not considered, SEL can potentially turn into another deficit-based approach for REM students by sending implicit messages that reinforce White norms and devalue those of REM. To promote SEL for educational equity, Jagers et al. (2019) proposed a model of transformative SEL. Transformative SEL explicitly addresses issues like power, privilege, prejudice, discrimination, social justice, and self-determination to cultivate students' capacity to engage in collaborative action to address the root causes of inequities. Promising approaches for transformative SEL include culturally responsive education, project-based learning, and youth participatory action research (Jagers et al., 2019). These approaches focus on valuing students' cultural identities, using cultural knowledge to guide curriculum development, promoting collaborative problem-solving, and engaging underserved communities.

2.3 | Tier 2: Culturally responsive interventions

Students identified as being at-risk for problems based on universal screening data would receive supplemental early intervention services in addition to school-wide prevention programming. Tier 2 interventions target specific problems at the school- or classroom-level and are typically administered as small group interventions for students identified as having similar concerns (Hoover & Bostic, 2021). Using the model of complete mental health (World Health Organization, 2005), students who endorse symptoms of social-emotional distress as well as those reporting

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few protective wellbeing factors would be eligible for tier 2 services. Accordingly, services at this tier would focus on symptom reduction so that initial concerns about mental health problems do not worsen and mental health promotion to focus on those factors associated with mental wellness for REM youth.

While there are many interventions targeted to address students' social, emotional, and behavioral concerns, existing interventions may not approach treatment from a culturally responsive lens. SBMHPs can adapt existing interventions to increase their cultural relevance and make it more likely that students will generalize skills taught to their school, home, and community lives (Brown et al., 2018). Content adaptations ensure that the language, metaphors, content, concepts, and goals are culturally appropriate for the target population (Brown et al., 2018; Peterson et al., 2017). Procedural adaptations consider local context and address changes to program delivery to make the intervention more culturally congruent (Brown et al., 2018). Clinicians interested in delivering culturally adapted interventions are encouraged to collect data on students' backgrounds and interests, engage community stakeholders who reflect the values and culture of those who will participate in the intervention, operationalize the selected adaptations, and document the change (Brown et al., 2018; Peterson et al., 2017).

Cultural adaptations of existing tier 2 programs have been effective for REM students at-risk for mental health problems. For example, the Strong Start curriculum, a SEL program, has been adapted to be more culturally relevant to Latinx students and for Black students. Castro-Olivo (2014) used the ecology validity model to adapt the Strong Start curriculum for use with Latinx, English Learner (EL) students. The adapted curriculum *Jovenes Fuertes* was translated into Spanish and lessons were modified so students could apply the SEL skills to address issues related to acculturation and life as an EL student (Castro-Olivo, 2014). Results suggest that the adapted program was highly effective in improving students' social emotional resiliency and knowledge of SEL skills and that the program had high social validity (Castro-Olivo, 2014). Graves et al. (2017) modified the Strong Start curriculum to enhance its relevance for Black students by adapting the language, content examples and scripts, and book recommendations to have a clearer connection to issues encountered by students in urban communities. Students reported increased social-emotional knowledge and positive changes in self-regulation and self-competence. Moreover, students had positive feedback about the curriculum.

REM students experiencing negative school climates can receive culturally relevant tier 2 interventions focused on helping them navigate hostile racial climates and promoting their positive racial identity development. Culturally relevant programs often focus on racial socialization, the process in which children are raised to have positive self-concepts in an environment that is racist and sometimes hostile (Harris-Britt et al., 2007; Serpell et al., 2009; Thomas et al., 2010). Socialization also includes exposure to cultural practices, promotion of racial pride, development of knowledge of one's culture, and preparation for bias and discrimination (Thomas et al., 2010). Decades of research have reported how racial and ethnic socialization can serve as a protective factor against racist experiences (Davis et al., 2017; Harris-Britt et al., 2007; Sellers et al., 2006; Turner, 2019). Specifically, racial socialization has been linked to numerous outcomes in children and adolescents such as racial identity attitudes, self-esteem, depression, anxiety, anger management, and school efficacy and achievement (Davis et al., 2017; Harris-Britt et al., 2007; Turner, 2019).

Schools can create programs with the goal of amplifying students' cultural identities, developing ethnic pride, and valuing cultural differences. For example, the Sisters of Nia intervention was designed to empower Black girls by focusing on ethnic identity and positive gender roles and relationships to address their cultural and social-emotional needs (Aston & Graves, 2016). A sample of fifth grade girls reported that they learned positive racial socialization messages and reported significant increases in social strength and resilience, as well as greater levels of racial identity (Aston & Graves, 2016). Similarly, J. Jones et al. (2017) found that seventh and eighth grade girls had more positive feelings about their racial group and were more likely to view their Black identity as an important aspect of their self-concept. These girls also reported higher levels of school engagement post-intervention compared to peers in a control group (J. Jones et al., 2017). Additionally, the Sisters of Nia intervention decreased verbal aggression in a sample of seventh and eighth grade girls identified as being vulnerable for social-emotional problems (Aston et al., 2018). Another example of culturally relevant programming is the African American Student Network (Gbolo & Grier-Reed, 2019). Students in this program received educational support in coping with microaggressions. Participation led to more

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positive outcomes related to grades, disciplinary referrals, and attendance for high school students. Students also reported experiencing increased safety, empowerment, and connectedness and found the group helpful to work through problems and navigate difficult situations with teachers and peers (Gbolo & Grier-Reed, 2019). Taken together, the evidence suggests that prevention programs to teach ethnic pride to REM students may be useful in both maximizing feelings of life satisfaction and minimizing the potential impact of racial discrimination (Vera et al., 2011).

2.4 | Tier 3: Culturally responsive psychotherapy

Students with identified mental health concerns would receive individualized, intensive intervention at Tier 3. This individualized intervention may include an individualized behavior plan, directed mental health services or collaborating with community service providers to provide coordinated mental health support in the community (Hess et al., 2017). Unlike tier 1 or tier 2 interventions, tier 3 mental health supports are provided by mental health providers such as school psychologists, school counselors, or school social workers (Marsh & Mathur, 2020). Regardless of location or provider of services, treatment should be culturally responsive. Culturally responsive therapists are aware of and sensitive to their own cultural heritage and are comfortable with the differences that may exist between them and their clients. They hold specific knowledge about REM groups and understand the generic characteristics of counseling and therapy; and possess the skills and abilities to generate a wide variety of verbal and nonverbal responses within the counseling relationship (Sue et al., 1982). Culturally responsive clinicians also demonstrate cultural humility by taking a stance that de-centers their own identity and conveys an openness to learning about the cultural identities most important to clients (Hook et al., 2013). Within the therapeutic relationship, this entails setting therapeutic goals that are congruent with students' cultural values and establishing a strong client-therapist relationship by avoiding generalizations based on cultural stereotypes and understanding the individual needs of the client (Peterson et al., 2017). Although cultural issues may not be the primary clinical focus, culturally responsive SBMHPs are cognizant of the relationship between racism and mental health and convey openness to discussing cultural issues in therapy. Therapists who address cultural issues in therapy are perceived by clients to have greater cultural competence and general counseling competence than therapists who do not address those issues (Coleman, 1998).

Clinicians can use clinical interviewing tools such as the Jones Intentional Multicultural Interview Schedule (JIMIS; J. M. Jones, 2009) or the DSM-5 cultural formulation interview (American Psychiatric Association, 2013) to communicate about cultural factors and the extent to which they impact students' mental health functioning (Jones et al., 2015). Cultural themes that emerge in the clinical interview will likely be salient across the duration of treatment especially as clients consider how they will apply the skills learned in therapy (Zigarelli et al., 2016). Additionally, the ADDRESSING model (Hays, 1996, 2008) is one framework through which clinicians understand the cultural influences that shape students' experiences and the complexity of their individual identity. The model is comprised of nine cultural dimensions: **A**ge; **D**evelopmental or other **d**isability; **R**eligion/spiritual orientation; **E**thnic/racial identity; **S**ocioeconomic status; **S**exual orientation; **I**ndigenous group membership; **N**ationality: **G**ender identity. SBMHPs consider if students hold dominant or nondominant status in a dimension to better understand their beliefs, behaviors, and experiences of privilege and marginalization. This model can also guide clinicians toward culture-specific information to better understand the student and avoid inaccurate generalizations.

The use of culturally adapted interventions can increase REM students' acceptance of and satisfaction with mental health services (Castro-Olivo, 2017). S. C. Jones et al. (2017) examined adolescents' satisfaction when cultural adaptations were applies to the therapeutic process. In addition to using the JIMIS and the ADDRESSING model to understand clients' cultural identities, they provided culturally responsive cognitive behavioral therapy (CR-CBT) by including therapeutic relationship adaptations, cultural knowledge integration, treatment concepts and assumption analysis, cultural reframing, and culturally inclusive treatment planning with goals that apply cultural strengths (J. Jones et al., 2017). The purpose of these adaptations was to encourage open discussion about clinicians' cultural competence, convey clinicians' openness to discussing culture, and ensure that cultural supports

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and personal strengths were considered in treatment planning. Compared to a control group, clinicians using CR-CBT received higher ratings in positivity (i.e., positive mood about treatment) and smoothness (i.e., rapport-building) earlier in the treatment process (J. Jones et al., 2017).

3 | IMPLICATIONS FOR EMBEDDING EQUITY INTO SCHOOL MENTAL HEALTH

There is a significant gap and unmet need for innovative, authentic problem-solving when it comes to decreasing inequities in school-based mental health. Beyond new programs and interventions, we also suggest here a new way of thinking about these disparities. In doing this, we are hoping to draw greater attention to how historically marginalized students' needs continue to go unmet and what can be done to mitigate this. The role of SBMHPs in advancing change begins with reconceptualizing their role to advocate for school administrators and communities to use SBMHPs' knowledge and skills more effectively. In doing so, we have the potential to carve out important roles related to critically important issues like the ones we have addressed in this manuscript.

3.1 | Educator preparation and professional development

Professional development is an important component of MTSS to ensure that all school staff have the capacity to provide tier 1 prevention services. Expanded service delivery models require that teachers play a more active role by completing universal behavioral/social-emotional screening forms, referring students in need of services, delivering class-wide prevention programs as well as providing general support (Franklin et al., 2012). All school staff, especially SBMHPs, should receive cultural competency training to learn how to recognize microaggressions and other forms of racism so that they recognize when these instances occur and can interrupt accordingly. To engage in culturally responsive practices, educators must operate from a place of cultural humility and engage in ongoing self-evaluation to understand their cultural identities and experiences of privilege and marginalization. The ADDRESSING model is a helpful resource for educators to gain a better understanding of themselves as cultural beings (Hays, 2008). Engaging in the personal work of introspection and self-exploration and the interpersonal work of learning from and with other cultures helps educators feel more comfortable having discussions about race and culture and decreases the likelihood that they will engage in microaggressions toward students (Hook et al., 2016). Professional development should also focus on creating culturally affirming environments and building positive relationships with all students. For example, the Double Check professional development series integrates culturally proficient instruction and classroom behavior management techniques to help educators reflect on their cultural group memberships, develop authentic cross-cultural relationships and communications with students and their families, connect culture with school curriculum, and convey sensitivity to students' cultures (Bottiani et al., 2012).

3.2 | Engaging parents and families

In addition to reducing discriminatory practices in schools, it may also be helpful to partner with parents to offer spaces to support healthy development. Although current practices call for engagement of families as an integral part of IEP teams and tier 1 interventions, few schools are adhering to these recommended practices (Carlson et al., 2020; Weist et al., 2017). Schools should identify ways to improve engaging families in the school community. Garbacz et al. (2016) note that universal planning can help to improve family–school activities, which may lead to improved outcomes for students, families, and educators. One way to partner with families is through hosting education events and seminars through schools. This may involve offering parent education events on how to

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discuss issues around racism and maintain a balance between teaching children about race-related issues in a way that promotes positive self-concept without overwhelming them or creating hypersensitivity to race (Thomas et al., 2010). Engaging in these practices may also strengthen the relationships between parents, teachers, and school administrators and help parents be more connected with the school's MTSS leadership team. Creating inclusive environments in school and fostering better relationships with parents will help promote positive adjustment in youth and strengthen academic success. Parental school engagement promotes positive outcomes through enhancing parenting skills that allow parents to better assist their children in school-related activities and empower them to work with the school to establish consensus about appropriate behavior (Carlson et al., 2020). Engaging families in school-wide programs is essential to equal the playing field among family members and educators, and decrease the barriers related to power differentials (Carlson et al., 2020; Garbacz et al., 2016).

3.3 | Policy and advocacy

SBMHPs are critical players in advancing policy change at the school and community level. Often, this means re-conceptualizing impact and role beyond that of just a provider. As professionals who are serving on the front lines of mental health crises, SBMHPs have intimate knowledge of the policies that work well and those that do not. It is well within SBMHPs scope of practice and ethical responsibility to advocate for policies that improve equity in school-based mental health. One example of the role that SBMHPs and school psychologists play in policy development is around school safety and school climate. Advocating for improved policies regarding school discipline and behavior management, as well as the elimination of zero tolerance policies that apply strong punishments like suspension and expulsions to subjective offense are all well within the purview of SBMHPs. School discipline, expulsion and suspension policies are among those that most negatively impact the mental health of marginalized communities in school settings (Kunesh & Noltemeyer, 2019). By creating more equitable discipline systems, REM students are more likely to view school as a place of support and encouragement and view the school climate more positively (Hope et al., 2015).

4 | CONCLUSION

SBMHPs are better positioned to promote better outcomes for REM youth when mental health disparities are contextualized within the constructs of structural and institutional inequities. Studies show that there is a strong relationship between racial discrimination and negative mental health outcomes among REM youth (e.g., Davis et al., 2017; Priest et al., 2013). Additionally, REM youth experience racism from peers and teachers in school with most of these incidents going unaddressed by school personnel (Southern Poverty Law Center, 2019). This lack of accountability contributes to the creation of invalidating school environments that negatively affect REM students' wellbeing. However, SBMHPs can help transform schools into culturally affirming environments supportive of REM students' healthy social-emotional development. A MTSS framework for culturally responsive mental health promotion and intervention has the potential to mitigate the harmful effects of racism by ensuring that students' culture and experiences of marginalization are considered in every aspect of mental health service delivery. This approach to school mental health considers how individual and community-level SDH intersect with racial identity and mental health outcomes in school-aged youth. As SBMHPs it is critical to leverage the MTSS framework to address the racial climate within schools. Utilizing this framework can help schools implement practices to improve the environment for REM youth and promote mental health equity.

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How to cite this article: Malone, C. M., Wycoff, K., & Turner, E. A. (2022). Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. *Psychology in the Schools*, 59, 2438–2452. https://doi.org/10.1002/pits.22606

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