THE EDUCATIONAL SYSTEM'S IMPACT ON THE MENTAL HEALTH OF BLACK CHILDREN DURING
COVID-19

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August 28, 2022

INTRODUCTION

There is no question that COVID has brought forth a multitude of conversations on the state of health, financial, criminal justice, and educational systems, with evidence of shortcomings and unpreparedness as underlying themes. None of these areas exist as isolated topics, but rather they are intersecting points that warrant analysis. These exchanges are of system behavior, which did not just appear with the progression of COVID-19 but have been magnified and showcased. Disparities in healthcare, educational technology availability, workforce burdens and development, and supportive education services are such areas. While there are no areas that have not been directly or indirectly touched by COVID, the mental health of children poses short- and long-term impressions on educational progress and collaterally the criminal justice system.

This work considers the role of system behavior in the non-detection of mental illness, specifically anxiety and depression, in Black children, especially in districts that are in low socioeconomic areas. System behavior refers to the collective culture and system "thought" that prompts collective action. It is reasoned that this shared action stems out of flawed assumptions and misunderstandings of the mental status and health of Black children. It is posed that these systematic issues result from a lack of adequate proactive and reactive resources, along with faulty, collective perceptions of the social factors and assumed explanations of behavioral explanations. The result of the lack of effective, equitable system responses will disproportionally involve Black youth in the juvenile and criminal justice systems, long after the pandemic.

This is not a composition on tangible resources, but rather on the emotional and connectivity resources that are a function of system behavior and systematic flaws, both products of workplace culture and system functioning. Additionally, this work seeks to add notice to the disproportionate effect of COVID-19 on Black children and their families. Finally, policy implications and suggestions are posed to address the functioning of system behavior well-beyond COVID-19.

THE IMPACT OF COVID-19 on CHILDREN AND FAMILIES

COVID has brought upon consequences for both families and children. These consequences revolve around financial stability, mental health, education, and physical health. Affecting every demographic through some combination of changes in personal or familial health status, wages, housing and food insecurity, or social interactions, families and children have had to adjust. Mediating this impact has been socioeconomic status. According to the Congressional Research Service, there has been some loss of income in about half of American households, with a prominent impact on households with pre-existing low socioeconomic status.[1] Evidenced has been the disproportional impact of COVID-19 on health outcomes and household security in communities of color, especially when socioeconomic indices are meshed in. According to the Census Bureau, there has been an increase of families who have fallen below the poverty line. Median income has decreased due to the loss of wages, either through

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[1] Congressional Research Service (2021). *Unemployment rates during the COVID-19 pandemic.*

businesses that have shortly or ultimately closed for business, cuts in the hours of non-essential employees, and health-related lost wages.[2]

This impact on families cannot be discussed without outlining the mediating circumstances around socio-economic status and COVID. Demographics are a correlate, placing Black families in the center of disproportionate exposure and adverse physical impact. Relatedly significant is the division of labor, with front line and essential workers overwhelmingly Black, who were not afforded the opportunity to work from home. This has negatively affected the ability of parents to assist, collaborate and participate in the learning process of their children who have had their school life massively flipped to remote and online modalities.   When considering the shift, it is important to recognize that childhood school performance is a function of parental and community support, which translates to time and accessibility, influencing educational preparedness, attention, achievement, and retention.[3] This is especially significant for elementary and middle school children, for which parents and caregivers occupy a key role in student understanding of the material and comfort with the learning process. [4].

The adaptations in education have reached the corners of social interaction, resulting in a sudden disconnect from peers, teachers, and the overall school environment. School-aged children, ages 6-12, who generally had patterned days were thrusted into the remote world, many with little to no experience in distanced learning. Disproportionally impacted have been Black school-aged children from areas of lower socioeconomic status, some of whom had little access to the technological resources necessary for remote learning pre-COVID. Along with the social breaks and technological changes, the remote environment has posed issues ranging from lapses in attendance and attention, to understanding remote-learning etiquette and being stifled socially. In reports from educators, it has been noted with frustration that some students do not log in and do not participate in learning. The participation is indeed a function of socioeconomic status, unbalanced impact, and familial stress.[5]

Much of the previous research on remote learning has centered on the effectiveness of remote learning, as well as retention and educational attainment. It has been widely concluded that there is a great deal of social, emotional, and learning loss that has occurred due to remote learning, with Latino and Black students made vulnerable and bearing the brunt of the impact,

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[2] United States Census. (2021). *Income, poverty, and health insurance coverage in the United States: 2020.*

[3] Rho, H., Brown, H. and Fremstad, S. (2020). The basic demographic profiles of workers in frontline industries. *Center for Economic and Policy Research.*

[4] Wang, Zhang, Zhao, Zhang, & Jiang, (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet, 395, p, 945-92.*

[5] Walters, A. (2020). COVID-19 and racism: A mental health crisis. *The Brown University Child and Adolescent Behavior Letter, 36, 12.*

even as schools and the economy gradually open.[6] While it is known that distanced learning is a widespread concern and is correlated with familial dynamics and limitations, children's vulnerability stems from increased household and individual strain, promulgated and exasperated with COVID-19, affecting emotional well-being and mental health, and ultimately playing a role in academic progress.

There are pervasive social concerns that impact a child's happiness and ability to engage and vest in learning, in-person and otherwise. These areas include family dynamics and relationships, household population density, food security, and neighborhood factors. Physical presence in schools was able to, in some cases, act as a buffer against deficit or delinquency. It offered a break from household and community stress. Remote learning took away this safety net and was, overall, socially isolating. These environmental factors exasperated the impact of remote learning and especially in households and neighborhoods with emotionally damaging pre-existing conditions, stressors were inescapable.

Generally noted have been correlations between the mental health consequences of anxiety, despair, trauma, fear, depression, and psychological distress among children in COVID "conditions" of isolation, poverty concentration, stress, and loneliness.[7]. While the long-term impact has not been yet determined, it is anticipated that the transition back to school will bring on new, similarly impactful issues. These areas can be seen as falling into two, overlapping categories: family dynamics and educational organization, with families feeling the financial and organizational burn and schools managing staffing issues, developing and restructuring policies, and reintegrating students. There is no question that the impact of COVID-19 will be long-term and even as children go back to school, stress, anxiety, and emotional concerns will prevail.

<div align="center">MENTAL HEALTH and BLACK SCHOOL-AGED CHILDREN</div>

It has been well-documented that the United States was facing a mental health crisis pre-COVID, considering school shootings, the absence of community mental health resources, and the increase of mental health concerns in adolescent and young adult populations. During the pandemic and beyond, it would be irrational to think that the status of mental health in schools and communities would just disappear. To the contrary, world and national organizations have noted that there will be increased short-term and long-term consequences to mental health statuses.[8] Preliminary reports state that there have been marked increases in

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[6] Sahra, I; Korede, Y.; Deepa, D.; Maiyegun, S (2020). COVID-19 Devastation of African American families: Impact on mental health and the consequence of systemic racism. *International Journal of MCH and AIDS, Vol 9 (3), p., 390-393.*

[7] Jones, E., Mitra, A.; & Bhuyn, A. (2021). Impact of COVID-19 on mental health in adolescents: a systematic review. *International Journal of Environmental Research and Public Health, Vol 18 (5), p. 2470,*

[8] United Nations Comprehensive Response to COVID-19: Saving Lives, Protecting Societies, and Recovering Better (2020).

self-reports of mental illness, especially depression, anxiety, and substance abuse. This increase is connected to the bearing that COVID has had on financial stability, education, and family dynamics. Families with previous financial constraints have been sunken further down and although stimulus packages, extensions of unemployment and food benefits have been of help, systems have continued to worsen the vulnerability of youth, especially those in improvised areas. In a 2020 survey of families in Chicago, there was a correlation between job loss and mental health among parents, specifically depression, especially significant when there was a substantial decrease in income. The lack of livable wages combined with damaged interactions with children interconnects to impact learning loss and behavioral concerns.[9] This stress lends to a greater risk of mental health concerns, for both families and children, when accounting for socioeconomic status.

There is no question that there is a disparate impact of COVID on "minority" communities. The direct impact relates to infection and death rates, as well as disruptions in education, with added collateral consequences. There are consequences for both families and children including financial burdens, impacts on family dynamics, and mental health. The Black community specifically has been disproportionately impacted by COVID, and subsequently, the associated mental health concerns. The parallel connection between COVID-19 and mental health can be termed as syndemic, which is the clustering of two or more diseases within a population. According to the Kaiser Family Foundation, there has been an increase in the number of adults who report anxiety and depression. This absolutely filters to the household, making the syndemic a function of health and social disparities. It is fair to note that the breakdown in mental health is more prominent in families that were previously at risk or with preexisting mental health concerns. This risk is exasperated by economic status and contributes to the lack of in-house presence that proved to be important in making sure that children were given academic and emotional support.

According to a 2020 analysis on the consequence of school closures on children, mental health should be a priority, especially among those with histories of mental illness and with community and household risk factors. Children from low-income households are especially vulnerable to the mental health impact of COVID-19, with risk for depression and anxiety increasing. Prior to COVID there was already existing disconnect, financial insecurity, and household stress. [10] These factors have magnified levels of youth anxiety and depression due to lack of peer contact and reduced buffering experiences, and have posed increasing burdens on mental/emotional, physical, and place health. This short-term impact affects youth behavior in

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[9] Verlended, J.; Pampati, S; Rasbery, C.; Liddon, N; Hertx, M; Kilmer, G. (2021), Association of children's mode of school instruction with child and parent experiences and well-being during the COVID-19 Pandemic – COVID Experiences Survey. *Morbidity and mortality weekly report, VOL 70 (11), p, 369-376.*

[10] Fotuna, L. Tolou-Sjams, M., Robles-Ramamirthy, and Porche, M. (2020) Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The Need for Trauma-Informed Social Justice Response. *Psychological Trauma: Theory, Research, Practice and Policy, 12,5, 443-445.*

school but can lead to long-term effects if left unnoticed and unchecked, including mental illness and justice system referrals.

COVID-19 has brought about numerous changes that have impacted various age groups and have turned groups who have been deemed as resilient into more vulnerable populations. More than ever, it is important that educational systems act as a safeguard, providing support and access to effective and impactive resources. When mental health goes unnoticed and untreated and when resources are not in place for proactive and reactive approaches, individuals and communities are more likely to be involved in the family court, juvenile justice, and criminal justice systems and these systems, in turn, become overburdened, continuing insidious cycles.

SYSTEM BEHAVIOR and PERCEPTION

Area structure and the placement and function of community aspects can be used to explain how systems behave. These systems include educational and criminal justice systems, which operate distinctly and frame their own behavior, but often converge and act similarly. Families and communities are affected by this convergence, developing within the culture and social structure.[11] In this work, the social structure that is negatively perceived is poverty, and system behavior adversely and disproportionately impacts the mental health status of Black youth at more pronounced rates since COVID.

The educational system is classified as an acting body that collectively perceives. These perpetual connotations are often geared toward the ascription of certain stereotypical constructs within that social area. In the case of this work, there is a collective treatment of Black youth, specifically those who live in areas of low socioeconomic status. The connotations of area include perceptions of crime, welfare dependence, population density, poverty, unemployment, residential mobility, distressed family composition, and low marriage rates. [12] This dominant theme is often a function of differing system culture and the "othering" of the alternative group. This overall classification spills over to system perception of individuals, which informs decision-making.

"Spaces of class, gender, and race relations tend to be (but are not necessarily) coterminous with boundaries of national and ecological fields".[13] These segmentations are also evident in bodies, such as educational settings, with a group constructing images and labels based on experiences which dictate their expectation of people, relationships, and groups. This complacency in belief sets, values, and norms within the working environment, affect their

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[11] *Haeckel, E. (1833).* Generelle Morphologie der Organismen. Allgemeine Grundzüge der organischen Formen-Wissenschaft, mechanisch begründet durch die von C. Darwin.

[12] McKay, H. (1931) Are broken homes a causative factor in juvenile delinquency? *Social Forces, 10(1) 514-520.*

[13] Emirbayer, M. & Johnson, V. (2008) Bourdieu and organizational analysis. *Theory Sociology, 37, 1-44.*

action and inaction.[14] These labels are collective and are "controlling images" which are reflected in individual behavior and feelings.[15] This "othering" is linked to the division of class and resources that exist in wider society, leading to exclusion and differentiation of the outside group. [16] In essence, what forms is workplace culture, emerging from a developed collective consciousness, reinforcing expected behaviors among group members. This educational system workplace culture impacts Black youth by failing to recognize and respond to mental health concerns. There were systematic flaws that obstructed the detection of mental illness and stifled the treatment of children who were identified prior to COVID. These flaws have included cuts in funding for staffing and mental-health related programming, bearing upon workload distribution and disciplinary methods.

These concerns have been exasperated with COVID, making the structural flaws more pronounced. This adverse depiction is evident in educational systems, especially when there are economic status indicators and disparities separating the groups. These social and cultural perceptions are often reinforced when cultural differences are not compatible or understood, shifting the expectations, leading to conflict and faulty, non-individualized perceptions.

There is no question that there is a history of differential treatment of students based on demographics, including race, gender, and ethnicity. For example, Black children, especially boys, are more likely to be placed in special education programs, while overlooked for gifted programs.[17] Pre-COVID, Black children were more likely to face disciplinary action, such as suspension and expulsion,[18] even when controlling for school rates of delinquency, drug use and school risk. Relatedly, there is a lack of recognition and attention to the mental health of children when system behavior assumes resilience on the part of those students who do well and "make it" and those who do not. Often, when students do not perform well academically or exhibit behavioral problems, the perception is that they are displaying "normal, expected behavior", rather than responding to an internal concern. With this, mental health concerns can go unnoticed, especially during the COVID-19 pandemic when children are not provided an adequate and useful avenue for expression. Black children, especially when socioeconomic

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[14] Cooke, L. (2016). *Structure Matters: Predicating Juvenile Justice System Behavior.* El Paso: LFB Scholarly Publishing

[15] Hill Collins, P. (2010). The new politics of community. *American Sociological Review, 75, 7-30.*

[16] Tajifel, H., Turner, J. (1985). The social identity theory of intergroup behavior. *Psychology of In-group relationships (p, 7-24). Chicago: Nelson-Hall.*

[17] Fischer. C., Stockmayer, G., Stiles, J. & Hout, M. (2004). Distinguishing the demographic levels and social dimensions of US metropolitan segregation, 1960-2000. *Demography, 41 (1) 37-59.*

[18] Stanford, S. (2018). The confluence of language and learning disorders and the school-to-prison pipeline among minority students of color: a critical race theory. *Journal of Gender, Social Policy, and the Law,26, 2 ,691-715.*

status is considered, are perceived as in less need of help and their mental health is often ignored. The differing expectations are detrimental.

Black children from low-income communities represent a group that is in a tripled position: resilient, vulnerable, and perceptually less innocent. They are seen as strong, yet less innocent than their White counterparts, and are left vulnerable with limited resources. This has undoubtedly led to more harsh interactions within the educational, health care, and justice systems, leading to the increased likelihood of their mental health being overlooked, discounted, and unaddressed, especially when considering anxiety and depression.[19] The magnification of self-reported anxiety and depression impacts educational progress but is often mischaracterized as misbehavior, inattentiveness, and educational difficulties. Systems have had a pattern of expecting behavioral cues rather than getting to the core sources. From this, marginalization is created, with groups and the individuals who represent these groups buying into it and learning from it. In essence, there is a power exertion which is evidenced by purported social facts or accepted beliefs, where the educational structure determines which behaviors are products of mental health concerns.

It has been long recognized that Black youth are more likely to be mis-diagnosed with learning disabilities and less likely to be diagnosed with trauma-related mental health concerns. Additionally, they are expected to be more challenging and aggressive, and unwilling to adhere to group norms and lacking capacity, rather than affected by stress and emotional concern. This social stigma is held throughout in systems' behavior. Educational system behavior, especially in areas with socioeconomic challenges, is more likely to lead to the misunderstanding of behavior and misevaluation, with teachers not recognizing distress. These perceptions are often racialized and more profound when the teachers are culturally different and from communities that are far removed from their teaching districts.

Exasperating this is the dearth of resources available to Black children and the inadequacy of such support, especially when considering the absence of accessible mental-health providers who are similar demographically and the reliance on tele-health measures during COVID. Additionally, disparities come from the social indicators of poverty and discrimination, which are both a function of system behavior. Cycling this is evidence that depression is a leading cause of disability worldwide and Black youth have higher likelihoods of suicide rates, which has been further intensified by gaps in available treatment and the lack of resources.

This macro-level approach regards the interactions among the elements in the educational setting, rather than the individual. It is believed that actors within the educational system collectively view children as having less mental health issues, characterizing them as a product of their social grouping. It is not posed that teachers should be in the business of

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[19] Goff, P. & Jackson, M. (2017). The essence of innocence: Consequences of dehumanizing Black children. *Interpersonal Relations and Group Processes*, *Vol. 106, No. 4, 526 –545.*

diagnosing children,[20] but rather a conduit.   Educators are the main stop that children see before seeing a school counselor, therefore it is the obligation of teachers to refer children to appropriate areas if there is the need for support. Challenging is the lack of services in low-income areas. This substantially limits the number of options that school systems have at their disposal. This, again, speaks to system behavior. There is obviously a need for resources, but direness is not acknowledged and subsequent is the continued lack of assistance and support. Minority youth, especially those with low socioeconomic status, have been overlooked and viewed as the "other", perceived as non-conforming elements of society who are deemed different from middle class youth regarding culpability, riskiness, and criminal propensity.[21] This, coupled with the lack of resources, puts children at substantial risk of delinquency and involvement in the justice system.

The workplace has a culture characterized by the conglomeration of ideas that shape their positional views and behavior. This collective consciousness operates based on socially constructed symbols which works to provide meaning and reinforce the expectations of both the "in-group" and "out-group". The fractioning of groups based on class is a workplace norm, not directly taught, but rather a result of socialization by group members who informally understand the patterns and values of the organization.[22] In the case of mental illness and Black children, the educational system collectively disregards mental health indicators due to the overall perception that the children are products of their environment, rather than impacted detrimentally by the changes that have occurred with COVID-19.

Communities are based on levels of production, socialization, social participation, and mutual support, with formal social control increasing in areas with less perceived informal social control. Due to social concerns, children from presumed disorganized areas are deemed to be in "need" of formal social control. Children residing in areas with limited resources are seen as being able to benefit from punishment, rather than assistance and mental health support. Coincidently, these beliefs are connected to the culture of the organization, which influence policy and procedure overtly and covertly.

THE INTERSECTION OF MENTAL HEALTH AND THE JUSTICE SYSTEM

Since the 1980s, the treatment of children by criminal justice and educational systems has grown to be more punitive. Zero-tolerance policies, increased use of law enforcement in

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[20] Hannor-Walker, T.; Bohecker, L.; Ricks, L.; Kitchens, S. Lacey Ricks, Kitchens, S. (2020). Experiences of Black adolescents with depression in rural communities. *The Professional Counselor,* Volume 10, (2), p. 285–300.

[21] Durkheim, E. (1933). *The Division of Labor in Society.* New York: The Free Press

[22] Halberstadt, A., Castro, V., Chu, Q., Lozada, F., Sims, C. (2018). Preservice teacher's racialized emotion recognition, anger bias, and hostility attributions. *Contemporary Educational Psychology, 54, 125-138.*

schools, the use of solitary confinement, and the increased penalization of children in the adult justice system have all pointed to a shift away from rehabilitation, stigmatizing and increasingly punishing normal childhood development and behavior. One such consequence of the shift has been the school-to-prison pipeline. The school-to-prison pipeline refers to the marginalization of children in educational systems through punishment. The ongoing stigmatization, sanctioning, and labeling from teachers and administration correlates to the likelihood of involvement in the criminal justice system, specifically, prison. This especially impacts Black youth, who are more likely to be sanctioned than their White counterparts.

Much of the behavior that comes from the workplace culture of both education and criminal justice systems are often predictive of held beliefs of punitiveness rather than rehabilitation. Causal attribution theory poses that there are preferences regarding level of discretion and harshness used. Subsequent treatment is a function of assumed likelihood of future risk which is linked to elements of controllability, responsibility, blameworthiness, culpability, and stability. The result of zero-tolerance mindsets is stigma and over penalization[23], to the point of incarceration. Evidencing this is the fact that Black children are more likely to be considered delinquent and referred to juvenile court system for infractions that are minor disruptions and products of normative juvenile behavior or emotional disturbance. A long-term consequence of this labeling and differential association is the increased likelihood that they will enter the adult criminal justice system.

Some of the underlying issues regarding educational systems, penalty, and the bridge to the juvenile and adult corrections involves what happens midway. Social stigma by way of attribution bias impacts the way in which the educational system behaves. This behavior is also a cousin to the behavior from the criminal justice system. Attribution bias refers to the perception and assignment of traits and characteristics to groups based on assumptions about the roots of their behavior, ultimately impacting the ways in which these systems respond to the group. In this instance, the attribution bias comes from the culture of the organization that deems Black children as more resilient and more likely to exhibit behavior that is a product of a character flaw, rather than of mental health concerns. Relatedly, expectations are a product of attribution, with assumptions of success and failure changing as social stigma is attached.[24]

The attachment of qualities differs regarding race and mental health. Black children are less likely to have their behavior attributed to anxiety and depression and are more likely to be simplistically labeled as having a behavioral issue. Alternatively, White children are more likely to be viewed as in need of help. The same theme persists in the juvenile justice system historically. Black children were harshly punished and seen as internally dearth, assigned to work, rather than treatment and education. The relationship between race and faulty assumptions about the correlates of behavior were also a function of class.

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[23] Moody, M. (2016). From under-diagnosis to over-representation: Black children, ADHD, and the school-to-prison pipeline. *Journal of African American Studies, 20,2.*

[24] Hannor-Walker, T.; Bohecker, L.; Ricks, L.; Kitchens, S. Lacey Ricks, Kitchens, S. (2020). Experiences of Black adolescents with depression in rural communities. *The Professional Counselor,* Volume 10, (2), p. 285–300.

It is important to note that mental illness is not a diagnosis cluster and has its own set of criteria. Depression, anxiety, post-traumatic stress disorder, and attention deficit disorder specifically differ, not only in its indicator list, but in reference to how it is perceived, treated, or ignored. Black youth more likely to be seen as having a behavioral concern and focus is given to the child's actions, rather than the emotional activation. This helps to explain the over diagnosis of attention deficit disorder rather than depression and anxiety, leading to the imparting of stigma. The misattributions of delinquency and the underlying assumptions of the necessity of punishment sustain the school-to-prison pipeline.

Precise diagnoses of emotional and behavioral disturbances, in the way of attention deficits and learning disabilities, are indeed reasons to ramp up resources. Of concern, however, is that mental illnesses such as depression, anxiety and post-traumatic stress disorder are not as detected, especially when there is the outlying belief that Black children, especially[25] those from poorer neighborhoods, have internal flaws which make them more able to handle difficulty and in less need of help. Teachers, who are responsible for noticing behavior and possible mental health concerns often overlook these areas. Pre-COVID, the disregard of Black children's mental health was an issue, especially in areas with intersecting poverty and financial insecurity. The intersecting poverty includes indices such as family composition, population density, and household and environmental stressors. These areas of insecurity have been magnified with COVID [26], increasing mental health concern amongst children, which is often not recognized by system behavior, leading to increased likelihood of punitiveness that can take its form in either the juvenile justice system, short term, or the adult system in the future, with further possible consequences of recidivism. Other detrimental impacts include the over-placement of juveniles in special education, higher drop-out rates, and literacy deficits. These psychosocial stressors impact both children and parents and can compromise mental and physical well-being, magnifying educational disparities, along with arrest and incarceration rates.

The educational system plays a huge role in the detection of mental illness and the determination of how the system chooses to respond. The response can be either punitive or treatment-oriented, like the operation of the juvenile and criminal justice systems. In both extents, Black individuals are treated more harshly and treatment either occurs at the back end or not at all. More directly, Black children are often labeled as socially dearth with behavioral problems, rather than exhibiting behavior as a product of cognition and mental health. This

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[25] Torrey, E.F., Zdanoeicz, M. and Kennard, A. (2014). The treatment of persons with mental illnesses in prisons and jails: A state survey. *Treatment an Advocacy Center.*

Cokley, K., Cody, B. Smith, L., Beasley, Miller, I., and Hurst, A. (2014) Bridge over troubled waters: Meeting the mental health needs of Black students: Black children are overidentified for behavior issues at schools and under-identified for mental health concerns. *Phi Delta Kappan, 96, 4.*

[26] Lusk, P. (2020). Addressing the mental health needs of children/adolescents, families, and ourselves during our unprecedented COVID-19 times. *Journal of Child Adolescent Psychiatric Nursing, 33, 185-186.*

lends to the criminalization of childhood behavior and under-identification of mental illnesses. Collectively, educational success, especially during a pandemic, is mediated by mental health, household indicators, and financial stability and support, which in turn impacts criminal justice systems. When considering the long-term impact of COVID-19, adult and juvenile corrections, community supervision, and arrest rates will be affected if there is continued non-response to youth mental health and lack of resources for diagnosis and treatment. While it is too early to determine the lasting impact of system behavior on juvenile delinquency and adult sanctioned crime, it is evident that break downs in education systems correlate to arrest and incarceration rates.

POLICY AND SYSTEM SUGGESTONS

It is projected that the impact of COVID will result in collateral consequences of delinquency, engagement with the criminal justice system, and development of more serious mental health concerns among individuals with pre-existing environmental influences, especially if mental health issues such as depression and anxiety are untreated and unrecognized. It is also suggested that there will be an increase in children who suffer from undetected mental health issues, which will exasperate and develop into ongoing illnesses, with equal or greater severity. Also affected will be the criminal justice system, leading to more arrests, convictions, and incarcerations, which will financially impact the overall community structure and create financial burdens on structural systems. Created will be an ongoing pattern of poverty and involvement within the criminal justice system, which cycles back to the system behavior from which it started. This work poses that:

1. Children who have had to remotely learn have been ecologically ignored. The isolation resulting from remote learning, coupled with environmental factors, increase mental health issues, especially in cases of previous mental illness or emotional concern. The overall mental health of school-aged children has been further compromised by deficits in educational consumption.
2. While schools have always evidenced system behavior, in-person education afforded children a break from home-life.
3. Black youth from areas with stark environmental conditions are more likely to be perceived as resilient and not in need of mental health treatment. Behavioral symptoms of depression and anxiety are more likely to be met with assumptions of indifference, as opposed to being a symptom of mental illness. The non-detection of mental illness has consequences that funnel into the criminal justice system, with children more likely to be met with harshness rather than support. Effectively, the school-to-prison pipeline is furthered.
4. There is a lack of adequate resources in areas of low-socioeconomic status, which is another function of the systematic flaws that adversely impact Black youth, which is particularly damaging due to the correlates of COVID. It is important to note that these systematic shortcomings were present prior to COVID.
5. There is great need for equity in the identification, prevention, and treatment of mental health concerns such as depression, anxiety, and the effects of trauma.

6. Parents continue to play an integral role in the securing of mental health services for their children, often influencing perceptions of the utility of support leading to the willingness or reluctance to seek support. Willingness or reluctance is mitigated by racial and ethnic differences as well as the availability of resources. Seeking support is a primary indicator of the acceptance of help, along with access, income, and outside support from mental health and educational systems.[27]

There is no doubt that COVID has had a huge impact on teachers who have had to tackle instruction adaptation, the securing of resources, technological learning curves, classroom management, student assessment, and personal life. While schools are reopening, it is unfortunately anticipated that disparities in perception and disconnects in treatment will persist. Existing under the umbrella of economic and political capital, these gaps majorly control the presence and quality of educational resources, including mental health.

Disparities in treatment are not inevitable and can be diverted through school and community resources and services, and the welcoming of active, collaborative stakeholder participation. Further, long-term academic and subsequent career success posed in the literature stress the significance of structure, curricula, and supportive relationships. This includes quality pre-school programs, especially those that include social and emotional care, small class sizes, effective staffing allocation, and curriculum appropriateness [28]. Emotional care, which is the purview of this work, speaks to the importance of positive connections and experiences, which are often internalized by the students and sets the tone of the academic institution [29].

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[27] Thurston, I., Phares, V., Coates, E., and Bogart, L. (2015). Child problem recognition and help-seeking intentions among Black and White parents. *Journal of Clinical Child and Adolescent Psychology, 44,4, 604-615.*

[28] Johns, D. (2015). Expanding high-quality early care and education for Black boys. In Harper, S. & Woods, L. (Eds.), Harper, S. & Wood, J. L. *Advancing Black Male Student Success from Preschool through Ph.D.* (pp. 1-20). Stylus.
Warren, C. (2015). Making relationships work: elementary-age Black boys and the schools that serve them. In Harper, S. & Woods, L. (Eds.), Harper, S. & Wood, J. L. *Advancing Black Male Student Success from Preschool through Ph.D*. (pp. 21-44). Stylus.

[29] Liam, H., Chenm Q., & Hughes, H. (2010). Child effortful control, teacher-student relationships, and achievement in academically at-risk children: additive and interactive effects. *Early Childhood Research Quarterly, 25*, 51-64.
Spilt, J., Hughes, J. N., Wu, J.-Y., & Kwok, O.-M. (2012). Dynamics of Teacher-Student Relationships: Stability and Change Across Elementary School and the Influence on Children's Academic Success. *Child Development*, *83*(4), 1180–1195.

The approach to educating Black children, specifically males, should be anti-deficit and should transform the educational systems through the balancing of power, partnering with parents, and reframing pedagogy[30]. Important to note is that "there must be the recognition that lived experiences are relevant to the teaching and learning process".[31] In the case of this work, these experiences and cognitions are often collective and produce system, patterned behavior. To combat this system shortcoming and increase the mental health of children overall, the paper offers suggestions. It must be noted that this work is not an affront to teachers but to system behavior and structural flaws that have put Black children in vulnerable situations, compounding distress. It offers suggestions regarding intervention and noticing and examining mental health among Black school-age children. These suggestions involve school procedures, community resources and local policy. It also involves a reframing of workplace culture, as well as the development of collective efficacy. This restructuring would be of benefit to elementary, middle, and high school students.

1. It is recommended that communities be equipped with evidence-based programs and resources that offer children and families wrap around services, including mental health and social support.
2. Present systematic flaws open the opportunity for the implementation and expansion of mental health programs for children and families.
3. School boards and districts would benefit from the creation of a task force aimed at developing best practices regarding the detection and response to mental health concerns. This task force should be populated by mental health professionals, child advocates, parent volunteers, administrators, teachers, and local politicians. They can assist in reviewing and revisiting current policies and evaluating the state of the student body.
4. School administrators and faculty should be trained in the areas of systematic racism, unconscious bias, and social concepts, including the school-to-prison pipeline.
5. State departments of education would benefit from reevaluating their tolerance policies, including rehabilitative measures, graduated sanctions, and restorative justice, rather than punitive action.
6. School budgets should be restructured to increased funding for staffed mental health practitioners and social workers, as well as detection and preventative-driven training for faculty and ancillary staff.

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7. Parents need to feel empowered and informed. They too should be taught about mental health and emotional distress. The creation of support networks will help in reducing stigma and increasing outreach.
8. It is important to note that the navigation of resources is important in remote and in-person instances. This is an opportunity for educational systems to be creative in how it can reach both students and families. Teachers should also have the opportunity to re-connect to students and attend to their mental health.

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