The Intersection of Mental Health, Education, and Child Well-being in BIPOC Families: A Call for Culturally Responsive Interventions

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Abstract

This commentary examines how systemic racism, economic inequality, and healthcare barriers intersect to impact the mental health, education, and overall well-being of Black, Indigenous, and People of Color (BIPOC) families, with particular attention to the challenges faced by both children and their parents. However, it is crucial to acknowledge the limitations of the information presented. While this discussion highlights significant systemic barriers and proposes interventions, the analysis does not encompass all possible cultural and contextual variations within BIPOC populations. Moreover, further research is needed to validate the scalability and long-term efficacy of the suggested programs and policies. These challenges impact both parental and child mental health, academic achievement, and family stability. Poor parental mental health can impair caregiving abilities, potentially increasing the risk of child maltreatment when compounded by chronic stressors and inadequate support systems. Additionally, cultural stigma surrounding mental health treatment in some BIPOC communities prevents many individuals from seeking necessary help, further exacerbating family stress. This article highlights the importance of culturally responsive interventions and systemic changes to address these interconnected issues, improve family well-being, and promote academic success among BIPOC children.

Keywords: *BIPOC families, mental health disparities, culturally responsive interventions, child well-being, trauma-informed care, parental mental health, educational equity*

The COVID-19 pandemic highlights and exacerbates longstanding mental health disparities faced by Black, Indigenous, and People of Color (BIPOC) communities in the United States. For example, a study by Sneed et al. (2020) finds that Black Americans report significantly higher levels of anxiety and depression during the pandemic compared to their White counterparts, largely due to heightened financial instability, greater exposure to COVID-19, and limited access to culturally responsive mental health resources. These disparities were further exacerbated by pre-existing systemic inequities, such as employment in high-risk essential jobs and limited healthcare access. Research indicates that Black Americans have experienced increased psychological distress during the pandemic due to systemic inequities and the disproportionate impact of COVID-19 on communities of color (Sneed et al., 2020). This distress occurs within a broader context of historical and ongoing systemic racism, economic inequality, and mistrust in healthcare systems—all of which contribute to significant racial mental health disparities (Taylor, 2022). For BIPOC families, the compounded effects of systemic racism, economic inequality, and barriers to quality healthcare create a complex web of challenges. While these challenges are significant, it is important to acknowledge the limitations of existing research in addressing them. Much of the literature focuses on documenting the negative impacts of these systematic issues, but often lacks scalable, evidence-based solutions or critical analysis of why proposed interventions may fall short. This leaves a gap in understanding which strategies are most effective and how they can be adapted to diverse community needs. This commentary examines the intersection of these challenges, emphasizing how poor mental health-particularly among parents-can negatively impact caregiving, academic achievement, and overall family well-being. This commentary presents culturally responsive interventions and policy recommendations to address these interconnected issues effectively, while acknowledging that the proposed strategies may require adaptation to suit specific community contexts and resources.

Mental Health and Educational Outcomes

A substantial body of research demonstrates the profound impact of mental health on educational outcomes across all stages of development (Agnafors et al., 2021; Becker et al., 2013). Mental health challenges such as depression, anxiety, and attention-deficit/hyperactivity disorder (ADHD) can impair academic performance, reducing concentration, motivation, and the ability to complete schoolwork effectively (Schulte-Körne, 2016; Andersen et al., 2021; Marin et al., 2018). School absenteeism is another consequence of both internalizing and externalizing mental health symptoms, which can further disrupt academic achievement and student engagement (Rogers et al., 2024). For instance, Marin et al. (2018) found that adolescents experiencing emotional and behavioral issues were significantly more likely to repeat a grade, reinforcing the academic impact of untreated mental health problems. These challenges are particularly pronounced for BIPOC students who often face additional stressors related to systemic racism, socioeconomic disparities, and cultural isolation (Thomeer et al., 2023). Research highlights specific stressors that disproportionately affect BIPOC students, including racial bias in school disciplinary practices, limited access to culturally competent school counselors, and financial instability. For example, a 2018 study by the U.S. Government Accountability Office found that Black students were overrepresented in school disciplinary actions, such as suspensions and expulsions, compared to their White peers. Additionally, studies have shown that many schools serving predominantly BIPOC populations lack adequate mental health resources, further compounding these challenges (Alegria et al., 2010; Gamble & Lambros, 2014). Inadequate or inappropriate responses to behavioral concerns—especially in under-resourced schools—can further intensify these challenges. Evidence-based practices are essential for effectively addressing antisocial behavior and improving student outcomes (Walker, Ramsey, & Gresham, 2004). Structural inequities

in mental health care—including provider biases and microaggressions—further worsen outcomes for BIPOC children and families. For example, misinterpretation of symptoms and poor treatment adherence have been noted as significant barriers (Merino et al., 2018). Addressing these systemic inequities is essential to breaking the cycle of deteriorating outcomes and ensuring equitable educational opportunities for all children.

Parental Mental Health and Child Maltreatment Risk

Parental mental health plays a critical role in family dynamics and child well-being. Poor parental mental health can negatively affect emotional availability, consistency in caregiving, and the ability to provide a stable environment for children (Kamis, 2021). In turn, children's behavioral and emotional challenges can amplify parental stress, creating a feedback loop that deepens mental health difficulties for both parents and children. Addressing these interconnected issues requires a dual focus on supporting both child and parent mental health. Chronic stress, untreated mental health issues, and socioeconomic hardship can impair a parent's ability to provide adequate care, respond sensitively to their child's needs, and implement consistent discipline strategies (Barth et al., 2005; Francis et al., 2018). For BIPOC families, these challenges are further complicated by the intersection of racial trauma, economic instability, and barriers to accessing culturally competent mental health care. Research consistently links parental mental health issues to an increased risk of child maltreatment, particularly when these issues are compounded by substance abuse, domestic violence, or poverty (Mehta et al. 2023; Stith et al., 2009). Additionally, stigma surrounding mental health treatment in some BIPOC communities may prevent parents from seeking help, exacerbating family stress and increasing the risk of maltreatment (Alvidrez et al., 2008; APA, 2024). The systemic bias against BIPOC families in the child welfare system further complicates this issue. Disproportionate reporting and investigation of BIPOC families often occur even in the absence of actual maltreatment, perpetuating harmful stereotypes and unnecessary family separations (Boyd, 2014; Harp & Bunting, 2020). Addressing these systemic issues requires culturally responsive interventions that support families without perpetuating inequities.

Culturally Responsive Interventions

School-Based Mental Health Support

Integrating culturally responsive mental health services into schools can bridge the gap between mental health and educational support for BIPOC students. A strong rationale for these interventions is rooted in evidence showing that culturally responsive programs not only reduce stigma but also significantly enhance trust and engagement in mental health services. For example, the "Culturally Responsive School Mental Health Program" implemented in urban schools across New York City provides robust support for this approach by employing mental health professionals who share cultural backgrounds with students, which reduces stigma and improves academic outcomes by addressing students' emotional needs in a culturally relevant manner (Santiago et al., 2018). Training school counselors and mental health professionals in culturally competent practices is essential for building trust and providing effective interventions (Pham et al., 2021). Evidence-based, culturally adapted mental health programs have been shown to improve both psychological well-being and academic performance of students (Durlak et al., 2011; Harte & Barry, 2024).

Family-Centered Approaches

Engaging families as partners in mental health interventions and educational planning is critical for supporting BIPOC children. Culturally responsive family engagement involves meaningful collaboration in decision-making processes and recognition of diverse family structures (Garbacz et al., 2017). Programs that address parental mental health while strengthening parenting skills have proven effective in reducing child maltreatment risk

and improving overall family functioning (Barth et al., 2005; Gubbels et al., 2019; Sanders, 2023). These programs are backed by studies indicating that integrating mental health support into parenting interventions yields substantial improvements in family cohesion and reduces the incidence of child maltreatment, particularly in high-stress environments often faced by BIPOC families (Barth et al., 2005; Gubbels et al., 2019). Evidence from family-centered interventions, such as parent training programs integrated with mental health support, demonstrates significant improvements in both parental and child outcomes, highlighting the need for continued investment in these initiatives (Sanders, 2023).

Community-Based Support Networks

Leveraging community strengths and cultural practices enhances the effectiveness of mental health and educational interventions. Community-based initiatives, such as peer mentorship programs and culturally grounded parenting workshops, provide essential support by fostering resilience and reducing barriers to care. These initiatives are particularly impactful when aligned with local cultural values, as demonstrated by programs like the "Circle of Care" in Indigenous communities, which integrates traditional practices with mental health services to improve family outcomes (Alegria et al., 2010). Partnerships between schools, mental health providers, and community organizations can create comprehensive support systems tailored to the needs of BIPOC families (Lyon, et al., 2016). Initiatives such as peer support programs and culturally grounded parenting groups reduce stigma and provide vital resources to families.

Trauma-Informed Care

Implementing trauma-informed practices in educational and mental health settings is essential for addressing the impacts of historical and ongoing trauma. These practices involve recognizing the signs of trauma, understanding its effects on learning and behavior, and creating safe, supportive environments that promote healing and resilience. By emphasizing emotional safety, fostering trust, and avoiding re-traumatization, trauma-informed approaches can significantly improve outcomes for both students and their families. Training educators and mental health professionals to adopt trauma-informed approaches can create safe, supportive environments that promote healing and resilience (Substance Abuse and Mental Health Services Administration, 2014).

Policy Recommendations

To address the multifaceted challenges faced by BIPOC families at the intersection of mental health, education, and systemic inequality, it is critical to translate research and community-informed practices into actionable policies. The following recommendations are grounded in the evidence and themes discussed throughout this commentary and are intended to guide the development of equitable and culturally responsive support systems. These policy strategies aim to reduce disparities, promote well-being, and ensure that families have access to the comprehensive care and resources they need.

- Increase funding for school-based mental health services, with an emphasis on culturally responsive training for mental health professionals.
- Develop and implement policies that integrate mental health support into educational settings, including early identification and intervention programs.
- Expand access to culturally responsive parenting programs that address both mental health and child maltreatment prevention.
- Invest in research to evaluate and adapt mental health interventions specifically designed for BIPOC families.
- Address systemic racism and bias within healthcare, education, and child welfare systems to reduce disparities in access and outcomes.
- Provide resources to community-based organizations offering culturally grounded support services.

Conclusion

The intersection of mental health, education, and child wellbeing in BIPOC families is a complex and pressing issue requiring comprehensive, culturally responsive approaches. By addressing systemic inequities, improving access to quality care, and integrating support services within educational settings, we can create pathways for better outcomes. Future efforts must center the voices and experiences of BIPOC communities in developing and implementing solutions. Only through collaborative and culturally informed strategies can we promote equity in mental health, education, and family well-being. ■

About the Authors



***Dr. Masica D. Jordan Alston**, Ed.D., MA, LCPC, CPRS is a nationally recognized leader dedicated to transforming educational and workforce systems through culturally responsive practices. As a tenured associate professor and Associate Director of the UJIMA Center at Bowie State University, she leads initiatives focused on preparing and empowering culturally responsive school counselors who reflect and support the diverse stories of every student. Her work ensures that underserved youth and other marginalized populations have access to meet their academic, social, and emotional needs with cultural sensitivity and excellence. Dr. Jordan Alston also serves as founder and CEO of Jordan Peer Recovery and Apexx Adams Transportation and Clean Energy, where she bridges behavioral health, education, and workforce innovation to create holistic pathways for personal and community advancement. Across all her ventures, she champions education as both a healing process and a mechanism for social change. She holds a B.S. in Sociology and an M.A. in Counseling Psychology from Bowie State University, along with a Doctorate in Counseling/Psychology. Dr. Jordan Alston is a Licensed Clinical Professional Counselor (LCPC), a Certified Peer Recovery Specialist (CPRS), and a graduate of MIT's certificate program in Participatory Design and Application. Her groundbreaking work and leadership have been featured in TIME magazine and The Washington Informer, highlighting her impact on advancing educational equity and culturally responsive training nationwide. Through her teaching, research, and leadership, Dr. Jordan Alston continues to build systems that empower underserved people to thrive—restoring identity, expanding opportunity, and cultivating the next generation of socially conscious leaders and educators.*



***Dr. Melissa Duchene-Kelly** is an Associate Professor in the Department of Psychology at Bowie State University whose work integrates developmental psychology, family processes, early childhood education, and community-engaged research to address inequities affecting children and families in under-resourced communities. Her research focuses heavily on autism, including disparities in early identification, culturally responsive developmental screening, and the lived experiences of parents navigating diagnostic and support systems. She examines how social and structural factors contribute to delayed diagnosis and limited access to services, and she develops community-responsive approaches—such as parent education and early childhood partnerships—to strengthen screening pathways and support families immediately after diagnosis. Dr. Duchene-Kelly directs the FAMILY (Focused Artificial Intelligence for Maternal, Infant, and Lifelong Years) Health Lab, established through a National Institute of Health (NIH) grant, where her work focuses on improving the health of families in underrepresented communities. Her research interests include enhancing access to quality behavioral healthcare across diverse populations and the implementation of artificial intelligence technologies to address health disparities in low-resourced areas. She also serves as Co-Lead of the Local Evaluation Program Team for Educare Washington, DC where she directs a data-driven evaluation program that assesses child development, family needs, and program implementation to inform continuous quality improvement and strengthen early childhood programming for under-resourced communities.*

About the Authors (continued)



***Dr. Marja Humphrey**, an associate professor and program coordinator in the School Counseling program at Bowie State University, has many publications and presentations to her credit. Her research interests include counselor preparation, leadership, identity development, spirituality, and wellness. She has served in multiple roles with local, state, and national professional organizations and nonprofits. Dr. Humphrey's Interfaith Team at Bowie State University was awarded two grants to further their cooperative work on campus, building bridges across differences and increasing Interfaith literacy. In 2023, Dr. Nikki Ham, Dr. Humphrey (serving as the Director of Participant Engagement and Stakeholder Relations), and Dr. Masica Jordan-Alston established the Ujima Center for School Counseling Scholars at Bowie State University, after being awarded a United States Department of Education grant for over $5 Million dollars over a five-year period. This project provides culturally responsive professional development for school counselors-in-training as they prepare to serve the mental health needs of K-12 students in local public schools. An avid learner, connector, and truth-teller, Dr. Humphrey offers therapeutic challenge and support as a licensed counselor to individuals and couples pursuing meaningful lives. Dr. Humphrey earned her doctorate in Counselor Education and Supervision at the University of Maryland, College Park.*



***Nikki Poindexter Ham, Ed.D.,** has served as a school counselor for over fifteen years, with successful experience in organizational and instructional leadership. During her time as a school counselor and school counselor leader, she had a proven track record of success in improving student performance, developing teams and building bridges between the school, parents and community leaders. She currently is Assistant Professor of School Counseling, in the Department of Counseling at Bowie State University. In addition to her professorship, she also serves as the Executive Director of the Ujima Center for School Counseling Scholars at Bowie State University. She is also a Licensed Clinical Professional Counselor (LCPC) in Maryland. Dr. Poindexter Ham is dedicated and passionate about helping students and their families remove the social, emotional barriers to their academic success and achieve mental health wellness. She has presented at international, national and state-level school counseling conferences. Dr. Poindexter Ham serves on the advisory board for Ueno a mental health and physical health wellness app. Finally, she has served as the President of the Maryland School Counselor Association and currently serves as Director on the Board of Directors for the American School Counselor Association.*



***Dr. Brittany A. Williams** is an Assistant Professor in the Counseling and Psychological Studies department at Bowie State University. She holds a doctoral degree in Counseling and Supervision from James Madison University and a M.S. in Clinical Mental Health Counseling from Syracuse University. During her graduate studies, she gained diverse experiences working in various settings, including schools, substance use treatment centers, and with individuals experiencing homelessness and disabilities. Dr. Williams is a Licensed Clinical Professional Counselor committed to providing quality, life-changing therapeutic experiences that meet clients where they are. She identifies as a humanistic counselor and believes in clients' active participation in therapy. With a focus on culturally sensitive practices, she aims to foster positive outcomes among marginalized populations, particularly within the Black community, through compassionate and individualized care*



***Dr. LaDonna Tucker s**erves as the Program Coordinator for the Master of Arts in Teaching (MAT) program within the Department of Teaching, Learning & Professional Development at Bowie State University, where she provides academic leadership, program oversight, and student support in the College of Education. Recognized as an Assistant Professor, Dr. Tucker contributes to both teaching and scholarship, including co-authoring research such as "Community College Funding: Legislators' Attitudes," and advancing academic initiatives across the university. Her work has also attracted external support, including a $163,142 award secured in partnership with Uneō Health through the Maryland Community Health Resources Commission. Through her academic service, grant activity, and commitment to educator preparation, Dr. Tucker plays a vital role in strengthening teacher training and professional development at Bowie State University.*

About the Authors (continued)



Dr. Sadé Dunn *serves as the Executive Director of the Pasadena Villa Outpatient Treatment Program in McLean, Virginia. She is an approved supervisor and a Licensed Professional Counselor (LPC)/Licensed Clinical Professional Counselor (LCPC), holding licensure in Washington, D.C., Maryland, and Virginia. Dr. Dunn is an alumna of Governors State University and Bowie State University. Dr. Dunn has demonstrated her commitment to the counseling profession through various leadership roles. She was the counselor representative for the Maryland Counselors for Social Justice board from 2019 to 2022 and was recognized as a Maryland Counseling Association Emerging Leader for the 2020-2021 year. Additionally, she served as secretary of the MCA ALGBTQ board from 2015 to 2018. Her expertise in perinatal mood and anxiety disorders is informed by personal experience, research, and dedicated advocacy in the field. Dr. Dunn's research interests include perinatal mental health, identity, and stages of development.*



Chanel Hamilton *is a graduate of Bowie State University with a B.S. in Psychology. She is currently interested in developmental disorders such as ADHD and Autism Spectrum Disorder, specifically in underrepresented communities. Hamilton hopes to pursue a career in assessment, standing firm in the belief of prioritizing early diagnosis and lifetime support to ensure certain psychological disorders are not disproportionately affecting different demographics of race and gender. Regarding research, Hamilton is interested in pursuing research that not only helps the scientific community but also leaves a lasting, beneficial impact on those involved in said research. Upon completing her bachelor's degree at Bowie State University, she volunteered with agencies both within the nation and overseas to further gain experience before entering a Master's program to continue her education and eventually pursue a doctoral degree in clinical psychology.*

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