Connectedness to school among adolescents: In relation to their mental health

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Abstract—Adolescent mental health has been one of the growing concerns worldwide. It is a period of physical, social and psychological transition. Adolescence is the period of transition from childhood to adulthood or 10-19 years of age (World Health Organization [WHO], 2011). The word adolescence derives from a Latin word ‘adolescere’ which means ‘to grow up’. It is a transitional stage of physical and psychological development that occurs during the period from puberty to adulthood. Erikson (1968) defines adolescent as the period of physical, cognitive, and psychological transition, which makes it a crucial phase of life in the development of an individual. Adolescence is, thus, a complex, multi-system transitional process involving progression from maturity and social dependency of childhood into adulthood with goals and expectations (Steinberg, 2002; Greenfield, Keller, Fuligni, &Maynard, 2003).

Adolescence physical, cognitive and social changes are influenced by the variety of internal and external factors including heredity, gender, race, body mass, environmental influences, societal norms and beliefs (American Psychological Association, 2002; Steinberg, 2014; Styne, 2004). These factors either help in growing or make them vulnerable. Among many external factors, the role of school connectedness has received increased attention over the past few years. “School connectedness is the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment” (Goodenow, 1993). It is argued to be important for adolescents as they rely less on the family as part of the individuation process and come to rely more on extra-familial relationships such as those found in schools, with friends, and others (Goodenow, 1993).

The term School Connectedness was initially used by National Longitudinal Study of Adolescent Health, US (1997) the study was designed to provide an understanding of factors that influence the mental health behaviour (Blum & Rinehart, 1997). The connectedness was examined into student’s sense of safety, rule fairness, teacher support, and belonging. Therefore, school connectedness has been identified as an important protective factor for risk-taking behaviour (Resnick et al., 1993). School connectedness is also addressed as school attachment or school bonding (Miller, 1992). It consists of two components; attachment, characterized by close relationships and commitment characterized by an investment in school and doing well. School connectedness is a belief held by students that the adults and peers in the school care about them as an individual. Goodenow (1993) defined school connectedness as the extent to which students feel personally

Index Terms- Mental Health, Adolescent, School Connectedness

INTRODUCTION

Adolescent mental health has been one of the growing concerns for psychologists and educationists worldwide. It is estimated that around 20% of the world’s youngsters have mental health problems such as anxiety, stress, and depression largely contributing to the global burden of disease for people aged 12-18 (Costello, Egger, & Angold, 2005). The national figure also reports the prevalence of psychiatric morbidity in the range between 14.4% and 31.7% (World Health Organization [WHO], 2005).

Adolescence is the period of transition from childhood to adulthood or 10-19 years of age (World Health Organization [WHO], 2011). The word adolescence derives from a Latin word ‘adolescere’ which means ‘to grow up’. It is a transitional stage of physical and psychological development that occurs during the period from puberty to adulthood. Erikson (1968) defines adolescent as the period of physical, cognitive, and psychological transition, which makes it a crucial phase of life in the development of an individual. Adolescence is, thus, a complex, multi-system transitional process involving progression from maturity and social dependency of childhood into adulthood with goals and expectations (Steinberg, 2002; Greenfield, Keller, Fuligni, &Maynard, 2003).

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accepted, respected, included, and supported by others in their school social environment. Centre for Disease Control and Prevention (2009) defined “school connectedness as the belief held by students that adults in the school care about them and also their learning”. School connectedness is a belief shared by the student that they are surrounded by people who believe in them and care for them. School Connectedness includes several factors such as teachers, peer group, staff, self, and others. When students feel that they receive empathy, attention and praise from their school setting, they feel a sense of belonging and support that leads to healthy growth and development (Whitlock, 2003). The belief children have about themselves and their abilities is created by the extent to which they recognize that the adults and other are involved in their lives and that they are taken care (Blum & Libbey, 2004) and children that have the feeling of being supported are more engaged in school and learning (Croninger & Lee, 2001).

Anxiety is a negative mood state characterized by bodily symptoms of physical tension and by apprehensions about the future (American Psychiatric Association, 2000; Barlow, 2002). In other words, anxiety is an emotion which is characterized by an unpleasant state of inner turmoil, often is accompanied by nervous behaviours such as pacing back and forth, causing insomnia, dizziness, fatigue and worries. Anxiety may cause psychiatric and physiological symptoms. The behavioural effects of anxiety may include withdrawal from situations which have provoked anxiety or negative feelings in the past, changes in sleeping patterns, changes in habits, increase or decrease in food intake, and increased motor tension. The emotional effects of anxiety may include feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching for signs of danger, and, feeling like your mind gone blank as well as nightmares/bad dreams, obsessions about sensations.

The cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying. When anxiety is experienced on a regular basis, the individual may be suffering from Anxiety disorder. There are various types of anxiety disorders such as generalized anxiety disorder, panic disorder, specific phobia, obsessive-compulsive disorder and social phobia. The cause of anxiety disorders is a combination of genetic and environmental factors. Risk factors include history of child abuse, family abuse, and family history of mental disorders and also the relationship the child shares in the school. Research shows that children why feel they do not belong to the school and share good relationship with the teachers and peers are prone to suffering from anxiety (Resnick et al., 1997).

Freud (1926) explained anxiety as an everyday phenomenon and as a way of explaining neurosis. He gave two explanations to it. In the first formulation, anxiety has been explained to be transformed libido, the transformation coming about from the repression. In the second formulation, anxiety is explained as a signal from ego about real, existing potential danger. Freud reversed the signal anxiety repression link and viewed repression as occurring because of the anxiety experienced. In psychoanalytic context, anxiety is a significant aspect of handling a threatening environment and is also necessary for the development of neurotic behaviour. In Freud’s conceptualization, anxiety is either inherited or learned at birth. Hopelessness is an emotion characterized by lack of hope, optimism and passion. An individual feeling hopeless has no expectation for future success. It often contributes low or dark mood causing the person to have a negative perspective on self, others and personal circumstances. Hopelessness is defined as “the expectation that highly desirable outcomes will not occur and that one is powerless to change the situation” (Schneider, 2012). Hopelessness can be distinguished by withdrawn motivation, lack of interest, negative thoughts about future or negative view of themselves. These feelings worsen depending on the individual’s mood.

Individual feeling hopeless lose interest in important activities, objects or people. They may no longer value things that were important to them. This emotion is often associated with lack of inspiration as well as feeling powerless, helpless, abandonment and isolated. Numerous studies indicate that hopelessness is closely associated with poor mental, emotional and physical health.

Hopelessness is the anticipation that highly desired outcomes will not occur or that highly aversive outcomes will occur and that one cannot change this situation. It was suggested that when the expectancies of hopelessness increases, the goal-directed behaviour of an individual decrease (Fowles, 1993). Some of the common symptoms of hopelessness include apathy, lack of energy, and delay initiation of responses. When individual face negative, stressful and dissatisfying life events they are most likely to suffer from hopelessness, also hopelessness is reported as symptoms of various mental health conditions including anxiety, depression, bipolar disorder, eating disorder, post-traumatic stress disorder, substance abuse and suicidal ideation. People suffering from
Depression often show signs of hopelessness which can lead the person having thoughts of committing suicide. Hopelessness not only affects the person’s emotional balance, well being and stability but it also lowers the person’s motivation of seeking help.

RATIONALE OF THE STUDY

The present study aims to understand the relationship between school connectedness and mental health specifically, anxiety, and hopelessness among school-going adolescents. School connectedness has been understood to encompass a range of aspects pertaining to a learner’s sense of belonging to the school. School connectedness has been considered to be an important factor in reducing the likelihood that the adolescents will indulge in activities that are considered to affect their health. The risk that includes social isolation (ignored, bullied or teased), lack of safety the child feels at school and poor classroom management.

Most outcome research show that school connectedness and its relationship with school based variables or the developmental variables that are directly associated with mental health functioning. However, there is little research on the relation between school connectedness and adolescent mental health symptoms in general and more specifically with depression and anxiety symptoms for adolescents particularly in India.

OBJECTIVES

1. To investigate the extent to which school connectedness is associated with anxiety and hopelessness in adolescence.
2. To study whether the relationship between the school connectedness and anxiety, and hopelessness symptoms varies across gender and grade.

1. METHODOLOGY

A) Sample

200 students were approached for the study, out of which 60 students were selected from grade 6-8, with 30 boys and 30 girls. Since this group consisted of 3 classes, 10 students from each class were taken for the study. Similarly, for the second group, 9-10 grade 30 boys and 30 girls were selected. 30 students were selected from each class, with 15 boys and 15 girls respectively. Lastly, 80 students were selected in total, with 40 students from grade 11, 20 boys and 20 girls and 40 from grade 12, 20 boys and 20 girls.

B) Tools used

Standardized questionnaires are used to collect the data from the participants. These questionnaires help the researcher in completing their research. 3 standardized tests were used by the researcher for fulfilling the purpose of the study. (i) Psychological Sense of School Membership, (ii) Beck’s Anxiety Inventory, (iii) Beck’s Hopelessness Scale.

Psychological Sense of School Membership
To assess the adolescent connectedness to school, Psychological Sense of School Membership (PSSM) was developed by Carol Goodenow (1993). This scale is a self-report questionnaire consisting of 18 items and is scored in 5 point Likert response scale: 1= not at all true to 5= completely true. This scale consists of 5 dimensions: School (I feel like a real part of the school.), Staffs (People here notice when I’m good at something), Teachers (Most teachers at this school are interested in me), Self (It is hard for people like me to be accepted here) and Students (Other students in this school take my opinions seriously).

Beck’s Anxiety Inventory
To assessment for Anxiety, Beck’s Anxiety Inventory developed by Aaron T. Beck and Robert A. Steer (1993). This is a self reported inventory with 21 items for both adolescents and adults. It is a 4 point scale with the following correspondence “Not at all” (0 points); “Mildly; it did not bother me much” (1); “Moderately; it was very unpleasant, but I could stand it” (2); and “Severely; I could barely stand it” (3).

Beck’s Hopelessness Scale
To assess the hopelessness: Beck’s Hopelessness Scale developed by Aaron T. Beck and Robert A. Steer (1974). This scale consists of 20 true and false statements that assess the extent of negative expectancies about the immediate and long range future. Each of the 20 items is scored 1 or 0. Out of 20 items, 11 are keyed true and 9 are keyed false to indicate endorsement of pessimism about the future.

C) Procedure

The data was collected from four different schools located in East Sikkim. Before handing out the questionnaires to the students, the students were asked about their willingness to participate in the study. After selecting the students, they were given a small
summary of the test highlighting the purpose of the study. Along with the questionnaires, a consent form was given to the students, the consent form included the details about the researcher and confidentiality letter stating their participation identity would be kept a secret and also their answers. The test was administered in groups of 15 to avoid any disturbance, with the supervision of the teacher in charge.

2. Results and Analysis

The result showed that students scored more on the ‘school’ subscale, which means that they feel like they belong to the school and feel they are cared for in the school environment. Since school environment affects the child’s relation with teachers, school and others associated with the school, it helps them develop emotionally, academically and behaviourally (Blum, 2004). Students reporting of better relationship with their school display low symptoms of depression, risky behaviours and it also help them recover from negative adverse experience (Crosnoe, 2002). Lower levels of school engagement appeared to contribute to lower academic competence and higher levels of risk behaviors in later schooling (Pears, et al., 2013). Cognitive school engagement was also found to be linked to lower levels of risk behaviors such as substance use, externalizing behaviors, and deviant peer associations.

Table 3.1 Relationship between School connectedness and its subscales with Anxiety and Hopelessness

<table>
<thead>
<tr>
<th>School Connectedness/Subscale</th>
<th>Beck’s Anxiety Inventory</th>
<th>Beck’s Hopelessness Scale</th>
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<tbody>
<tr>
<td>School</td>
<td>-.139</td>
<td>0.58</td>
</tr>
<tr>
<td>Other people</td>
<td>-.056</td>
<td>.057</td>
</tr>
<tr>
<td>Students</td>
<td>-.012</td>
<td>-.192**</td>
</tr>
<tr>
<td>Teachers</td>
<td>-.131</td>
<td>-.147*</td>
</tr>
<tr>
<td>Self</td>
<td>-.165*</td>
<td>-.115</td>
</tr>
<tr>
<td>School Connectedness</td>
<td>-.193**</td>
<td>-.165*</td>
</tr>
</tbody>
</table>

The students scored lowest in the subscale students. This subscale explains the relationship one shares with the other students of the class or school. Scoring low on the subscale means that the students share a very little connection with other students of the school. Students who are often rejected from their peers become disengaged and avoid the educational setting this restricts the child’s ability to participate and reduces the learning experience which makes an impact on the child’s academic performance (Finn, 1993), and also if the students face maltreatment from their peers at school they are less likely like being around in the school, resulting to feeling less connected to their school (Eisenberg & Neumark-Stainer, 2003).

Another aim of the study was to examine the relationship between school connectedness, anxiety, hopelessness. Result showed that school connectedness was negatively related to anxiety. Waters & Cross (2010) found negative correlation between school connectedness and mental health, where the finding show as mental illness increases, the level of school connectedness decreases.

Results also showed that school connectedness was also negatively associated with hopelessness. Since low school connectedness can cause depression, hopelessness is one of the symptoms that occur simultaneously with depression causing the person to feel worthless and not wanted; this can be explained with the help of Seligman’s theory of learned helplessness theory of depression which states that when an individual is exposed to uncontrollable and aversive environmental stimuli, this leads to the belief that the situation which is unavoidable, develops sense of helplessness, and this helplessness later develop into depression.

Regarding school connectedness subscales, it was found that self was negatively associated with anxiety. Self in this scale talks about how one perceive him/her in the present. The results suggest that students who perceive positive about themselves are self motivated are less likely to suffer from anxiety as compared to those students who consider low of themselves. Students when perceive themselves to be positive they perform well in school and maintain good relationship, but when they perceive themselves negatively, they are likely to perform bad in school resulting to poor academic achievement.

Results show that the subscales students and teachers are negatively associated with hopelessness. When students feel they are not a part of a group, this result in them staying away from social gathering, class activities and later developing into something major. Staying aloof from the rest can build a feeling of being an outcast and the child might develop a feeling of not being wanted, and also when they are not shown enough support, this feeling can result to feeling.
worthless and hopeless and gradually developing into depression.

There is increasing substantiation that students’ experience of belonging to their school, including close relationships with school social groups, and school based activities significantly assists motivation and academic achievement (Ryan & Stiller, 1994). Moreover a study by Kirsia et al. (2016) confirms that when students are less attached to their peers, they are more likely to feel hopeless. The quality of the teacher-students relationship provides a base for influencing student’s future social interactions that could affect their perception of their school as a healthy environment (Baker, Dilly, Aupperlee, & Patil, 2003). A healthy relationship shared between teachers-student help the student look forward to their future with aspiration and hope, more positive response leads to hopeful results for the future, teachers who support students in the learning environment can positively impact their social and academic outcomes (Baker et al., 2008; Connor et al., 2011).

The results obtained from the study showed that neither do grade nor gender have an effect on the level of school connectedness. This states that student’s sense of belonging to their school remains the same as they progress from middle school to senior secondary school; also the boys and girls had no significant difference in the results. But the result also suggests that there is an interaction effect between gender and grade on school connectedness. The interaction effect is shown in fig 3.1 the secondary grade, the graph shows that girls from secondary grade have lower level of connection to their school when they transition to senior secondary grade, similarly boys when transitioning from middle to secondary grade show higher level of connectedness towards their school.

Figure 3.1

Gilligan (1982) argued that relatedness and connection is more important for girls, and the relationship between school connectedness and academic motivation is stronger in female than that of the males, this transition change the way the girls view the world and relationship. Research suggests that the level of school connectedness across gender changes over time, with girls reporting greater school attachment in middle school than the boys, and boys reporting of greater attachment and connectedness than girls in high school(Johnson, Crosnoe, & Thaden, 2006; McNeely et al., 2002).

Figure 3.2

The results for hopelessness showed grade had an effect on the level of hopelessness where the secondary grade students scored more on hopelessness as compared to the other grades. The interaction effect is shown in fig 3.2 which means that when boys transition from middle grade to secondary grade, their level of hopelessness decrease, whereas for girls when they transition from secondary grade to senior secondary grade their level of hopelessness increases.

Haydar (2013) reported that secondary level boys tend to have high hopelessness as compared to the girls. The possible reason for boys scoring more on hopelessness could be due to low socio-economic group, or societal responsibilities of gender role. Ozmen and his colleagues (2008) found in their studies that children of lower level as social-economic families receive less share from social welfare, therefore result to more hopelessness.

Further, post hoc test was done to see if there was any difference between middle grade, secondary grade and senior secondary grade. The test results showed that there was a significant difference between secondary grade and senior secondary grade on hopelessness. The results obtained in this study showed grade showed no significant effect on anxiety but significant difference between the boys and girls on the anxiety was seen. Girls scored more on anxiety as compared to the boys. Lewinsohn et al., (1998) reported that females
are twice as likely to suffer from anxiety disorder as compared to males. Possibilities may vary, but the reason could be the cultural upbringing and the responsibilities of gender roles in our society. Girls in our culture are programmed to take responsibilities and roles from a very young age, from taking care of the household to managing a family. Costello et al., (2003) also reported that adolescent girls tend to show more number of worries, separation anxiety and higher level of generalized anxiety.

According to Lewinsohn (1998), a framework was established to understand the difference in anxiety level among the gender. The first suggested that the prevalence of anxiety in females is genetically and biologically determined. And the second stated that gender differences in anxiety are linked to the different experiences and role of men and women. Bakla et al., (2013) results also show that girls report of significant high level of anxiety as compared to the boys.

Lastly, the study aimed at investigating whether subscales of school connectedness predicted anxiety and hopelessness among adolescents. The results displayed that for middle grade, 5% of the variance in anxiety was reported by self subscale. De Wit et al., (2011) reported that when students report of lower self esteem, it is related to an increase in their anxiety. Global self worth and high self worth is reported of being a protective factor against anxiety symptoms as a protective factor against anxiety symptoms (Compas, 1987)

Similarly, for secondary grade, anxiety is explained with 5% of the variance by teachers subscale and for senior secondary grade showed that 11% of the variance in anxiety was explained by self subscale. Poor teacher relationship is related to declines in psychological adjustment such as self-esteem, and mental health problems such as symptoms of depression, anxiety, and suicidality (Loukas & Robinson, 2004; Ozer & Weinstein, 2004). Hopelessness is explained with 12% of the variance by teachers and students subscale. The quality of the teacher-students relationship provides a base for influencing student’s future interactions (Baker, Dilly, Aupperlee, & Patil, 2003). Poor student-teacher relationship not only affects student’s behaviour but also shows impacts on the child’s self perception.

4. Conclusion
Adolescent mental health is one of the most growing concerns in today’s world. In statistics, Sikkim reports of higher number of suicide rate and a high number of school dropouts among adolescents. For understanding the main reason behind this, the school can be considered an essential factor in understanding the adolescents and their behaviour. Findings suggest that poor level of school connectedness has higher chances of predicting mental health issues such as depression, anxiety among the adolescents. Transitioning from primary to secondary grade can also be considered as another aspect that outcome to changes in the relationship to school that affects the mental health of adolescents.

5. Limitations of the study
The first limitation was the sample size of the study. Since this study comprised of only 200 samples, this sample size could be the reason for weak variance among the variables. The second limitation is that this
study is limited to only co-ed government schools from the east district of Sikkim. The third limitation is that language efficiency should be kept in mind when conducting the research in a government school. The language barrier could also cause hindrance in answering the questionnaire. The fourth limitation could be time management which is very essential when distributing questionnaire in groups. Conducting survey requires careful time allotment and awareness. Lastly, this limitation is very important when conducting research among adolescents in school premises, the presence of any school authority could result in partiality or bias viewpoint, which would affect the result in later analysis.

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References


