

## Youth Mental Health and Academic Achievement

“Americans are inundated with messages about success – in school, in a profession, in parenting, in relationships – without appreciating that successful performance rests on a foundation of mental health.”

- U.S. Department of Health and Human Services, 1999

For adolescents, ages 13 to 18, the lifetime prevalence of mental disorders severe enough to cause significant impairment in daily functioning is approximately 20%.<sup>1</sup> The average size of a secondary school class in the United States is approximately 23 students,<sup>2</sup> meaning there may be four or five adolescents in every classroom who are struggling with serious mental illness. Yet, nearly two-thirds of these adolescents do not receive mental health services.<sup>1</sup> This is particularly troubling because mental illness does not affect emotional health in isolation; it is known to influence and co-occur with problems in many domains of students' lives, including their social interactions and educational achievements.<sup>3</sup> In order to promote the best possible outcomes for students, there is a great need for early identification and treatment of mental health disorders.

### School difficulties may be a sign of emerging or unrecognized mental illness

- Poor attendance, particularly frequent absences for vague, non-specific physical health problems, may be related to underlying mental health needs.<sup>3</sup>
- Difficulties with academic work,<sup>4,5</sup> social integration, adjustment to school, behavior regulation, attention, and concentration may be school-related signs of emerging or existing mental health problems in youth.<sup>3</sup>

### The impact of mental illness on school success and academic achievement

#### Attendance

- High school students who screen positive for psychosocial dysfunction have three times the absentee and tardy rates of students not identified with psychosocial dysfunction.<sup>6</sup>

#### Perceived Competence

- Students reporting high levels of psychosocial stress are more likely to perceive themselves as less academically competent.<sup>5</sup>

#### Concentration

- Students with greater depression symptoms are more likely to report difficulty concentrating in class and completing homework.<sup>7</sup>

#### Academic Achievement and Grade Completion

- In a 2004 study, approximately 83 percent of students with emotional and behavioral disorders scored below the mean of the control group in reading, writing, and math.<sup>8</sup>

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**Secondary school students who suffer from mental illness are more likely to earn failing grades across all subjects and are retained at grade level more often than youth with disabilities as a whole.<sup>9</sup>**

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#### Graduation and Higher Education

- 2005 National Comorbidity Survey Replication data indicated that the proportion of school terminations attributable to mental disorders was largest for high school graduation (10.2 percent) but also meaningful for primary school graduation (3.8 percent), college entry (4.4 percent) and college graduation (2.6 percent).<sup>10</sup>
- Only 32 percent of students with a serious mental illness continue onto postsecondary education.<sup>11</sup>
- Having two or more co-morbid disorders is significantly associated with termination of schooling prior to high school graduation.<sup>10</sup>

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**Youth with mental illness have the highest school dropout rate of any disability group. A 2006 U.S. Department of Education Survey found that 44.9% of high school-age students with a mental illness drop out and only 43.4% of those who remain in school graduate with a diploma.<sup>12</sup>**

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#### Disorders associated with academic difficulty

- Students with emotional and behavioral disorders who exhibit externalizing problem behaviors (i.e. attention and conduct disorders) are more likely to experience academic deficits and terminate schooling than students who evidence internalizing (i.e. mood and anxiety disorders) ones.<sup>8,10</sup>



## Anxiety

■ Anxiety disorders, which affect 31.9 percent of all adolescents<sup>1</sup> and co-occur in approximately one third of depressed youth,<sup>13</sup> are associated with a reduced likelihood of attending college.<sup>14</sup>

■ People with a lifetime occurrence of social phobia are almost twice as likely to fail a grade or not finish high school as those who have never had the condition.<sup>15</sup>

## Depression

■ High depression scores have been associated with low academic achievement; high scholastic anxiety;<sup>16</sup> increased school suspensions;<sup>17</sup> and decreased ability or desire to complete homework, concentrate, and attend class.<sup>7</sup>

## Suicidality

■ Adolescents who have attempted suicide in the previous twelve months show significantly lower levels of school performance and school connectedness than non-attempters.<sup>18</sup>

■ Students who perceive their academic performance as 'failing' are three times more likely to report suicidal thoughts and ten times as likely to report suicide attempts than students who feel their performance is fine.<sup>19</sup>

## Substance Use Disorders

■ Substance abuse, including alcohol abuse in isolation, is significantly associated with termination of primary and secondary school, failure to enter college, and termination of college.<sup>10</sup>

## Attention Disorders

■ Attention problems are the principal predictor of diminished achievement relative to expectations on the basis of a young person's cognitive ability.<sup>20</sup>

## **Identification and treatment of mental illness improves academic success**

■ Early detection of childhood mental health problems, timely referral, and access to appropriate services leads to improvements in both mental disorder symptoms and school performance.<sup>20, 21, 22</sup>

■ Meta-analysis of studies addressing school performance and mental illness has repeatedly shown that treatment improves school performance for a significant number of youth.<sup>23</sup>

■ A 2008 study of systems of care for youth with mental illness found that students' attendance and grades improved with care, while expulsions and suspensions fell by 44 percent.<sup>24</sup>

## School Mental Health Services

■ A 2007 study found that school based health center (SBHC) users receiving mental health services had significantly lower GPAs than non-users in the beginning of the study and then a

steeper increase in GPA over five semesters than non-users and medical SBHC users.<sup>25</sup>

■ Social and emotional learning programming in schools has been found to improve students' achievement test scores by 11 to 17 percentile points.<sup>26</sup>

■ High school SBHC users in one study had a 50 percent decrease in absenteeism and 25 percent decrease in tardiness two months after receiving school-based mental health services and counseling.<sup>6</sup>

■ Several studies have shown that students who used SBHCs were twice as likely to stay in school as students who did not use SBHC services.<sup>27</sup>

<sup>1</sup> Merikangas, K. R. et al. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry* 49(10):980-9.

<sup>2</sup> Organization for Economic Cooperation and Development. (2010). *Education at a Glance 2010: OECD Indicators*. [www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010).

<sup>3</sup> DeSocio, J. and Hootman, J. (2004). Children's mental health and school success. *The Journal of School Nursing* 20(4):189-196.

<sup>4</sup> Blum, R. et al. (2000). *Protecting Teens: Beyond Race, Income, and Family Structure*. Minneapolis, MN: University of Minnesota Center for Adolescent Health.

<sup>5</sup> Masi, G. et al. (2001). Depressive symptoms and academic self-image in adolescence. *Psychopathology* 34:57-61.

<sup>6</sup> Gall, G. et al. (2000). Utility of psychosocial screening at a school-based health center. *The Journal of School Health* 70(7):292-298.

<sup>7</sup> Humensky, J. et al. (2010). Adolescents with depressive symptoms and their challenges with learning in school. *The Journal of School Nursing* 26(5):377-392.

<sup>8</sup> Nelson, R. et al. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children* 71(1):59-73.

<sup>9</sup> Wagner, M. and Cameto, R. (2004). The Characteristics, Experiences, and Outcomes of Youth with Emotional Disturbances. *A Report from the National Longitudinal Transition Study-2* 3(2):1-7.

<sup>10</sup> Breslau, J. et al. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research* 42(9):708-716.

<sup>11</sup> United States Government Accountability Office. (June 2008). *Young Adults with Serious Mental Illness; Report to Congressional Requesters*. GAO Report Number GAO-08-678. Washington, D.C.

<sup>12</sup> Planty, M. et al. (2008). The Condition of Education 2008 (NCES 2008-031). National Center for Education Statistics, Institute of Education Services, U.S. Department of Education. Washington, DC.

<sup>13</sup> Kovacs, M. (1996). Presentation and course of major depressive disorder during childhood and later years of the life span. *Journal of the American Academy of Child and Adolescent Psychiatry* 35(6):705-715.

<sup>14</sup> Kessler, R.C. (2003). The impairments caused by social phobia in the general population: Implications for intervention. *Acta Psychiatrica Scandinavica* 417(Suppl.):19-27.

<sup>15</sup> Stein, M. and Kean, Y.M. (2000). Disability and quality of life in social phobia: Epidemiologic findings. *American Journal of Psychiatry* 157: 1606-1613.

<sup>16</sup> Fosterling, F. and Binser, M.J. (2002). Depression, school performance and the veridicality of perceived grades and causal attributions. *Personality and Social Psychology Bulletin* 28(10):1441-1449.

<sup>17</sup> Rushon, J. et al. (2002). Epidemiology of depressive symptoms in the national longitudinal study of adolescent health. *Journal of the American Academy of Child and Adolescent Psychiatry* 41(2):199-205.

<sup>18</sup> Slap G. et al. (2001). Adoption as a risk factor for attempted suicide during adolescence. *Pediatrics* 108(2):E30.

<sup>19</sup> Martin, G. et al. (2005). Perceived academic performance, self-esteem and locus of control as indicators of need for assessment of adolescent suicide risk: implications for teachers. *Journal of Adolescence* 28: 75-87.

<sup>20</sup> Breslau, J. et al. (2009). The impact of early behavior disturbances on academic achievement in high school. *Pediatrics* 123:1472-1476.

<sup>21</sup> Baskin, T.W. et al. 2010. Does youth psychotherapy improve academically related outcomes? A meta-analysis. *Journal of Counseling Psychology* 57(3):290-296.

<sup>22</sup> Puskar, K.R. and Bernardo, L.M. (2007). Mental health and academic achievement: Role of school nurses. *Journal for Specialists in Pediatric Nursing* 12(4):215-223.

<sup>23</sup> Prout, H.T. (1986). A meta-analysis of school-based studies of psychotherapy. *Journal of School Psychology* 24:285-292.

<sup>24</sup> U.S. Department of Health and Human Services. (2008). *Helping Youth Thrive in the Community*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD.

<sup>25</sup> Walker, S. et al. (2010). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health* 46(3):251-257.

<sup>26</sup> Payton, J. et al. (2008). *The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: Findings from Three Scientific Reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.

<sup>27</sup> Brown, M. and Bolen, L. (2008). The school-based health center as a resource for prevention and health promotion. *Psychology in the Schools* 45(1), 28-38.