



The impact of school connectedness and teacher support on depressive symptoms in adolescents: A multilevel analysis [☆]



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ABSTRACT

Using data from Waves I and II of the National Longitudinal Study of Adolescent Health (Add Health), this study examined the association between school connectedness, teacher support and depressive symptoms in a weighted sample of 11,852 adolescents from 132 schools. To account for the nested data, multilevel regression was utilized. The results indicated that higher school connectedness and getting along with teachers were significantly associated with fewer depressive symptoms. Findings offer implications for school social work practice and future research. Suggestions for future research are described and strategies to enhance school connectedness and teacher support are discussed.

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1. Introduction

Depression is a debilitating condition that is increasingly recognized among youth, with nearly a third of adolescents experiencing a depressive episode by age 19 (Lewinsohn, Rohde, & Seeley, 1998). Adolescent depression may be prevented or ameliorated by strong relationships (i.e., warmth, communication, support) with significant others (e.g., family, peers, school) (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Indeed, depression may be prevented by strong connections to schools and relationships with teachers (Murray & Pianta, 2007).

2. Literature review

2.1. School connectedness and depressive symptoms

School connectedness, the extent to which students feel personally accepted, respected, included, cared for, close to, and supported by

others in the school environment (Goodenow, 1993; Libbey, 2004; Weiss, Cunningham, Lewis, & Clark, 2005) has been associated with depressive symptoms in preadolescents (Ross, Shochet, & Bellair, 2010) and adolescents (Jacobson & Rowe, 1999; Shochet, Dadds, Ham, & Montague, 2006). In a study examining adolescents from grades 7 to 12, Resnick et al. (1997) found that school connectedness was negatively correlated with emotional distress (including depression items). Further, in a cross-sectional study, Anderman (2002) found that students' higher levels of school connectedness were related to lower levels of depression. Additionally, prospective studies have demonstrated that lower levels of school connectedness may be predictive of future depressive symptoms (Kuperminc, Leadbetter, & Blatt, 2001; Shochet et al., 2006). For example, Kuperminc et al. (2001) examined the relationship between perceptions of the school social climate (i.e., fairness, student interpersonal relationships, order and discipline, etc.) and internalizing symptoms (e.g., anxious-depressed subscales) in middle school students. They found that perceptions of the school social climate accounted for 2% of the variance in internalizing problems at 1 year follow-up after controlling for prior internalizing symptoms and demographic variables (e.g., income) (Kuperminc et al., 2001). Others have linked school connectedness to a full measure of depressive symptoms. For instance, Jacobson and Rowe (1999) associated school connectedness to the Center for Epidemiological Studies Depression Scale (CES-D). They found correlations of .35 for boys and .37 for girls between school connectedness and adolescent depressive symptoms. While the correlations are modest, the relationship between school connectedness and depression is worth investigating.

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2.2. Teacher support and depressive symptoms

Teacher support, the “extent to which teachers are supportive, responsive, and committed to students’ well-being,” (Wang, 2009, p. 242) has also been associated with depressive symptoms. Although few studies have specifically investigated the relationship between teacher support and depressive symptoms in adolescents, the available studies suggest an association between teacher support and depressive symptoms. For example, Reddy, Rhodes, and Mulhall (2003) followed early adolescents from grades six through eight and found that students who reported the greatest declines in teacher–student relationship quality also had the greatest increases in depression. In contrast, students who reported increasing levels of teacher support during this same period had corresponding decreases in depression and increases in self-esteem (Reddy et al., 2003). Further, Way, Reddy, and Rhodes (2007) and Wang (2009) both found that teacher support predicted lower depressive symptoms in adolescents. Therefore, the available evidence suggests a relationship between teacher support and depression among adolescents.

A recent systematic review found evidence that both school connectedness and teacher support predict future emotional health among adolescents (Kidger, Araya, Donovan, & Gunnell, 2012). However, few studies have used rigorous methods to examine the relationship between school connectedness, teacher support and depressive symptoms (Kidger et al., 2012). To address this gap, the current study examined the association between school connectedness and depressive symptoms and teacher support and depressive symptoms in adolescents in the United States controlling for prior depressive symptoms and using multilevel modeling to account for the nested data.

Further, because youth experience and react to contexts in different ways depending on individual characteristics (Kuperminc et al., 2001), the current study considered group differences in the association between school connectedness, teacher support and adolescent depressive symptoms particularly for racial and sexual minority youth. Prior research suggests that racial minority youth perceive a more negative school climate compared to their white peers (Watkins & Aber, 2009) and have weaker relationships with teachers (Olsson, 2009). Moreover, gay, lesbian, bisexual, and transgender (GLBT) youth are at increased risk for bullying at school (Goodenow, Szalacha, & Westheimer, 2006) and lower perceptions of school connectedness (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Such experiences among minority youth may create emotional distress. Therefore, research is necessary to understand group differences in the association between school connectedness, teacher support and adolescent depressive symptoms.

3. Methods

The current study entailed a secondary data analysis of the National Longitudinal Study on Adolescent Health (Add Health), a comprehensive, nationally representative, school-based study of United States adolescents in grades 7 through 12. Add Health was a longitudinal study with four waves of data collection. This study used Wave I and Wave II data and was approved by The Ohio State University Institutional Review Board. Please refer to Harris (2005, 2009) for details on the Add Health sampling design and data collection.

3.1. Sample

The current study examined data from 11,852 adolescents from 132 schools, who participated in Waves I and II of the Add Health data collection, were assigned sampling weights, and had complete responses on key study variables. Data from a small percentage of respondents with missing data were excluded as were 1,349 adolescents who were not in school at the time of the Wave II in-home

interview, usually because they had graduated ($n = 461$; 3% of total sample) or dropped out of school ($n = 470$; 2.7% of sample). Despite the loss of cases, the representativeness of the data is retained, based on a less than one point difference in Wave II mean depression scores before and after list wise deletion. The number of missing responses for depression at Wave II was $n = 69$ (<1%).

3.2. Measures

3.2.1. Control variables

All demographic variables were self-reported. Age, computed by subtracting students’ birth date from the date of the Wave II interview, ranged from 11 to 21 years old. Student grade was 7th, 8th, 9th, 10th, 11th or 12th grade, later dummy coded into two categories, 7th and 8th grade and 9th through 12th grade. Gender was male or female (male = 0). Race was Non-Hispanic white, Hispanic, Black or African American, Asian or Pacific Islander, American Indian or Native American, and other, later dummy coded into two categories, racial minority and majority (yes = 0). Youth who reported either a same sex attraction, having a same-sex romantic relationship or a same-sex nonromantic sexual partner were coded “yes” for the variable sexual minority (no = 0). Prior depressive symptoms were identified using 19 items from the Center for Epidemiologic Studies-Depression Scale collected at Wave I. Parent–adolescent relationship was operationalized with eight items assessing the adolescent’s perceptions of his/her closeness with his/her residential mother and father (e.g., the parental figures who reside in the adolescent’s household; e.g., “How close do you feel to your mother/father?”). The items were scored on a 5-point Likert scale with responses from 1 (not at all) to 5 (very much), and from 1 (strongly agree) to 5 (strongly disagree). Four items were reverse coded so a higher score indicated a stronger parent–adolescent relationship. The items had an internal consistency reliability score of $\alpha = .83$.

3.2.2. School connectedness

School connectedness was measured with five items, “I feel close to people at this school,” “I feel like I am part of this school,” “Students at your school are prejudiced,” “I am happy to be at this school,” and “I feel safe in my school.” The five items were scored on a five-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). Four items were reverse coded so higher scores reflect higher levels of school connectedness. The items were summed to create a composite score and averaged to create an average composite score. These items capture the social belonging dimension of school connectedness. Bollen and Hoyle (1991) developed three of the items. In the study sample, the items had low but acceptable internal consistency reliability of $\alpha = .70$.

3.2.3. Teacher support

Two items were used to measure teacher support. One item asked, “Since school started this year, how often have you had trouble getting along with your teachers?” The response categories ranged from 0 (never) to 4 (every day). Responses to this item were reverse-coded so a higher score indicated a stronger relationship. The second item about teachers asked, “How much do you feel that your teachers care about you?” The five response categories ranged from 1 (not at all) to 5 (very much). These items were intended to measure the extent to which respondents perceived themselves as being supported by teachers and have been shown to be conceptually distinct from the school connectedness items (McNeely & Falci, 2004).

3.2.4. Depressive symptoms

Depressive symptoms were captured with 19 items from the Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977). Example items include, “I was bothered by things that usually don’t bother me” and “I felt depressed.” Adolescents’ responses were based on how frequently in a 7-day period they experienced a

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